



Where Life Continues

COMMUNITY OUTREACH SERVICES
1740 Eastchester Road, Bronx, NY 10461
Phone (718) 518-2300 Fax (718) 518-2670

ADMISSION: (Please check one)
Today [ ] Tomorrow [ ] \*Hold/Backup [ ]
REHAB [ ] ANTIBIOTIC TX [ ]
WOUND CARE SERVICE [ ]
Interim Home Services [ ] Yes [ ] No [ ]
Copy of Advance Directives Provided [ ] Yes [ ] No [ ]
DNR [ ] Yes (Attach Copy) [ ] No [ ]
HCP [ ] Yes (Attach Copy) [ ] No [ ]

Application for: (Check where applicable):

ACUTE INPATIENT ADMISSION

[ ] Bronx Campus [ ] Brooklyn Campus

CALVARY @ HOME:

[ ] Hospice at Home [ ] Home Care [ ] \*Dawn Greene Hospice

Tentative Discharge Date \_\_\_/\_\_\_/\_\_\_ \* (MMW)

Ambulatory Services:

[ ] Outpatient Services

Section A

PATIENT NAME First Name Last Name Preferred Language: \_\_\_\_\_

Address: Apt. # City State Zip

Phone: ( ) Age Birth Date: / / Sex Race Rel Marital Status

SS# - - Medicare Medicaid

Ins. Co. Policy #

Other Insurance Information Medicaid Office Phone #

Section B

#1 Contact Name First Name Last Name Relationship [ ] HCP [ ] POA [ ] Advance Directives

Address: Apt. # City State Zip

Home Phone: ( ) Cell Phone: ( ) Email:

#2 Contact Name First Name Last Name Relationship [ ] HCP [ ] POA [ ] Advance Directives

Home Phone: ( ) Cell Phone: ( ) Email:

PHYSICIAN NAME:

Physician Agrees with Transfer to Calvary Hospital? [ ] Yes [ ] No

Physician Address: City State Zip

Phone: ( ) Fax: ( ) Beeper: ( ) Cell: ( )

SW/CM/DCP NAME: Beeper: ( ) #

Phone: ( ) Ext: Fax: ( ) Nursing Unit Phone: ( )

Facility/Program: Patient Admit Date: \_\_\_/\_\_\_/\_\_\_

Completed by: SIGNATURE: PRINT: DATE/TIME:

Section C PLEASE FAX MEDICATION RECONCILIATION LIST

ICD-10 CODE # PRIMARY DIAGNOSIS:

/ALLERGIES:

Mets: [ ] Lung [ ] Liver [ ] Brain [ ] Bone [ ] Other: DNR [ ] Yes (attach a copy) [ ] No

Current Medical Issues/Intensity of Service

- [ ] PCA [ ] Cord Compression [ ] Drains/Tubes/Central Lines/Port
[ ] Oxygen [ ] Shortness of Breath [ ] Hemorrhage/Bleeding [ ] Anxiety [ ] Agitation [ ] Confusion
[ ] BIPAP/ Settings: [ ] Infection Type of Infection [ ] Complex Wound Care [ ] Fistula
[ ] Nausea/Vomiting [ ] Isolation Type of Isolation [ ] Endocrine Disorders
[ ] Diarrhea [ ] Constipation [ ] Cardiac Arrhythmias [ ] Inadequate PO/IV Fluids Therapy
[ ] Restraints [ ] Psychiatric Dx [ ] Fluid and Electrolyte Disorder
[ ] Seizure [ ] History of Wandering [ ] Chemo/Radiation Therapy (Current/Past)
[ ] Pathological Fracture [ ] History of Falls [ ] Radiation Implant (Current/Past)
[ ] TPN/PPN [ ] Pain Control [ ] Active/Curative Treatment

OTHER:

\*REASON FOR HOLD\B/U:



Patient Name: \_\_\_\_\_

SS #: \_\_\_\_\_

Date: \_\_\_\_\_

**Section D**

**CURRENT MEDICATIONS:**

**NOTE: PLEASE FAX A PRINT OUT OF THE MEDEX, IF AVAILABLE.**

*(Please attach Medication Listing, Physician Orders and Wound Care orders with application)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNICATION NEEDS:**

**Patient and/or Family is in agreement with Calvary Hospital Scope of Care (Symptom Management/Basic Life Support)**

Yes  No (indicate reason) \_\_\_\_\_

**DNR**  Yes (Please Provide a Copy)  No      **HCP**  Yes (Please Provide a Copy)  No

**Family Issues** \_\_\_\_\_

**Patient lives with** \_\_\_\_\_

**Application Completed by: Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Application for Acute Inpatient Care for Symptom Management  
Related to Advanced Cancer, Home Care, Hospice at Home and Outpatient Clinic Services**

1. Complete application as soon as possible and fax to the Calvary Outreach Department at (718-518-2670), Monday to Friday 8:30 a.m. to 5:00 p.m.
  - The entire application must be completed for all referrals.
2. Complete insurance information is appreciated to offset delays due to precertification requirements. If known, please provide us with the MCO Case Manager’s name and telephone number.
3. Patient/Families need to understand that resuscitation is limited to basic CPR. If a patient or family requests or expects additional life support measures, we will call 911 and transfer the patient to the nearest emergency department.