

**Company Name
New Admission Packet**

Patient Name:

MR#

Admission Packet

Initials

	Welcome page / Hours of Operation
	Admission Criteria
	Rights / Responsibilities of Patient / Grievances
	Complaints and Grievances
	HIPAA
	Medicaid Fraud Reporting
	Abuse, Neglect, Exploitation, Drug Testing Policy
	Advance Directive Information
	Infection Control
	Family Disaster Plan
	Emergency Numbers
	Home Safety
	Home Safety Checklist (attachment)
	Plan and Get Ready
	Emergency Information
	Payment of Services
	Plan of Care Supervision
	Consent & Verification of Receipt of Information (duplicate)
	Emergency Preparedness/ Disaster Plan (duplicate)
n/a	Medication Profile
n/a	Assessment (must insert)
n/a	Communication Sheet
n/a	Vital Signs Record
n/a	Patient Calendar
n/a	HHA Care Plan

My initials above indicated that I have received the information listed.

Signature: _____ Date: _____

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Welcome Letter and Hours of Operation

Thank you for choosing Company Name for your health care needs. The purpose of this packet is to inform you of your care needs, patient rights and responsibilities, along with valuable information concerning other health care issues.

Our mission is to build trusting relationships with patients, families, physicians, and all others devoted to patient care in the home.

Working as a team we wish to provide you with quality health care in order to speed your recovery. Together we can help you reach your maximum potential.

We work hard to employ and consult with caring and qualified medical personnel. Our job is to provide you with a comprehensive and thorough evaluation of the services you will require and follow that evaluation with treatments tailored to improve your abilities.

Company Name is located at:

Company Address
Company City, State Zip

**Hours of Operation: 9:00 am to 5:00 pm Monday thru Friday.
A member of our nursing staff is available 24 hours a day, 7 days a week via telephone at
555-555-5555**