

PLACEMENT PATIENT INFORMATION FORM

Patient \_\_\_\_\_ Date \_\_\_\_\_

Social Worker \_\_\_\_\_ Phone \_\_\_\_\_

Unit \_\_\_\_\_ Phone \_\_\_\_\_

☐ OBS Status ☐ Admission Denial  
☐ Full Inpatient Admit Date \_\_\_\_\_  
☐ Previous Hospital Stay within last 30 days Date \_\_\_\_\_ Expected Discharge Date \_\_\_\_\_

Expected Discharge Disposition:

☐ HRF ☐ SNF Long Term ☐ SNF Vent  
☐ SNF Terminal ☐ SNF with Therapy ☐ SNF Lock/Secured Dementia Unit  
☐ SNF Short Term Rehabilitation with D/C: ☐ Other \_\_\_\_\_  
☐ Adult Home/Assisted Living ☐ Home (Specify)

Facility Choices: Please mark in order of preference 1-10 (1 being the first choice)

Monroe County:

___ Aaron Manor	___ Highlands at Brighton (Strong Health)	___ Park Ridge Living Center (Unity Health)
___ Baird Nursing Home	___ Highlands Living Center (Strong Health)	___ Penfield Place
___ Blossom Health Care	___ Hill Haven (Via Health)	___ Rochester Friendly Home
___ Blossom North	___ Hurlbut	___ Shorewinds
___ Blossom South	___ Jewish Home	___ St. Ann's
___ Brightonian	___ Kirkhaven	___ St. John's
___ Crest Manor	___ Lakeside-Biekirch	___ Unity Living Center (Unity Health)
___ Edna Tina Wilson (Unity Health)	___ Latta Road	___ Wedgewood Nursing Home
___ Episcopal Church Home	___ Latta Road A	___ Wesley Gardens
___ Fairport Baptist Home	___ Maplewood	___ Westgate
___ Hamilton Manor	___ Monroe Community Hospital (Strong Health)	___ Woodside Manor
		___ OTHER (see reverse side)

<input type="checkbox"/> Smoker (pta)	<input type="checkbox"/> VRE <input type="checkbox"/> Site: _____	<input type="checkbox"/> Trach at discharge
<input type="checkbox"/> Restraints <input type="checkbox"/> Why: _____	<input type="checkbox"/> ORSA <input type="checkbox"/> Site: _____	<input type="checkbox"/> IV's at discharge
<input type="checkbox"/> Bariatric <input type="checkbox"/> Ht: _____ Wt: _____	<input type="checkbox"/> C-diff	<input type="checkbox"/> Hemodialysis
<input type="checkbox"/> O <sub>2</sub> <input type="checkbox"/> ≥ 6 liters	<input type="checkbox"/> bi-pap <input type="checkbox"/> c-pap	<input type="checkbox"/> Peritoneal dialysis
<input type="checkbox"/> Guardian	<input type="checkbox"/> Own <input type="checkbox"/> Nasal <input type="checkbox"/> Full Face Mask	<input type="checkbox"/> Special equipment needs

-----For Placement Office Use Only-----

Pre-admission:

Data faxed \_\_\_\_\_  
☐ Rehab bed ☐ Long term bed  
☐ Vent bed ☐ Neurobehavioral bed  
☐ Pediatric bed ☐ Dementia bed ☐ Other

Date Complete Packet Received \_\_\_\_\_  
 Discharge Date \_\_\_\_\_  
 Discharge Facility \_\_\_\_\_  
☐ 1064 MR completed

Revised 9/4/08

## Facilities Outside Monroe County:

### Genesee County:

- ☐ Batavia Nursing Home
- ☐ Beechwood Continuing Care
- ☐ Brothers of Mercy
- ☐ Genesee County SNF
- ☐ LeRoy Village Green
- ☐ NYS Veterans Home

### Livingston County:

- ☐ Avon SNF
- ☐ Conesus Lake SNF
- ☐ Livingston County Center for Nursing & Rehab

### Ontario County:

- ☐ Clifton Springs Hospital & SNF
- ☐ Elm Manor SNF
- ☐ Living Center at Geneva
- ☐ M.M. Ewing Continuing Care Center
- ☐ Ontario County Health Facility

### Steuben County:

- ☐ Absolut of Three Rivers
- ☐ Founders Pavilion SNF
- ☐ Hornell Gardens
- ☐ McAuley Manor at Mercy Care
- ☐ Steuben County Health Care Facility
- ☐ Taylor Health Center

### Wayne County:

- ☐ Blossomview SNF
- ☐ DeMay Living Center
- ☐ Newark Manor
- ☐ Wayne County Facility

### Yates County:

- ☐ Homestead
- ☐ Penn Yan Manor

**OTHER:** If you would like a facility that is not on the list, please write it below.

### Facility Choices:

(Please list in order of preference)

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)