



## PRE-ADMISSION ASSESSMENT CONFIRMATION

| ☐ I have spoken with the patient regarding transfer to Acuity Hospital of Houston   |  |   |  |
|---|--|---|--|
|   | I have spoken or left a message with the patient's family regarding transfer   |   |  |
| Thank you for the referral to Acuity Hospital of Houston. The patient has been evaluated for admission. Upon clinical approval, you will be notified of the status. Initial clinical approval is guaranteed for 72-hour period. The patient must be re-assessed and re-approved should the patient not be admitted to Acuity Hospital of Houston within 72-hours of initial approval. |  |   |  |
| Patient:  |  | Assessment Date:  |  |
| To discuss clinical or financial approval and to set up this patient's transfer to acuity Hospital of Houston, please call our Admissions Office @ 281.292.5303.  |  |   |  |
| At the time of transfer, please send copies of the following reports / paperwork:   |  |   |  |
| • T<br>• H<br>• P<br>• P  | Memorandum of Transfer ransfer Orders listory and Physical hysician Consultation Reports hysician Progress Notes biagnostic Reports: Lab, X-Ray, CT Scan, MRI, etc. burable Power of Attorney / Advance Directives | <ul> <li>Surgical Procedure Reports</li> <li>Ventilator Monitoring Reports</li> <li>Wound Care Notes</li> <li>Current MAR</li> <li>Initial / Last Nutrition Assessment</li> <li>Therapy Records (PT, OT, ST, RT)</li> </ul> |  |
| On the day of or the day before transfer, please:   |  |   |  |
| 1.<br>2.<br>3   | oordinate transfer arraignments (Estimate Time of Transfer / Arrival) with Admissions Office ve a Nurse to Nurse Report x the Acuity Nurse the patient's Medication Reconciliation and MAR's                       |   |  |
| Please contact the Admission Office if the patient's condition changes prior to transfer.   |  |   |  |
| Thank you for your referral.  |  |   |  |
|   | nis patient has been clinically approved for admission but is pending financial approval   |   |  |
|   | This patient is pending further review before a clinical approval can be given within 24 hours   |   |  |
| Clinical Liaison  | :  | Contact Number:   |  |

For better quality care and patient convenience, we request that the patient arrives before 7pm on the day of the transfer.

This is not a part of the permanent medical record-