



One Medical Center Drive  
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(207) 283-7000

## SMMC ED/OR/Outpatient Nursing/Assisted Living Facility Patient Intake

In an effort to have your residents receive continuity of care when utilizing SMMC's ED/OR/Outpatient Dept services, SMMC requires that the following types of information be provided by your facility. By completing this form, it will assist SMMC in ensuring that your resident has the best healthcare experience possible.

### Patient Identification

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

Patient Date of Birth: \_\_\_\_\_ Patient Social Security #: \_\_\_\_\_

Patient ID/Photo Attached: ( ) Yes Patient Insurance Card/Info Attached: ( ) Yes

Patient ID Bracelet Placed on Patient: ( ) Yes

Nursing/Assisted Facility Name: \_\_\_\_\_

Nursing/Assisted Facility Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Patient Transportation/Accompaniment

Patient Transported to SMMC by: ( ) Facility ( ) Family ( ) Ambulance \_\_\_\_\_  
(Ambulance Company Name)

Will patient be accompanied at SMMC by Facility Personnel? ( ) Yes ( ) No; by Family? ( ) Yes ( ) No ( ) N/A

Patient to be Transported Back to Your Facility by: ( ) Facility ( ) Family ( ) Ambulance/Wheelchair Van

Facility Transport Phone #: \_\_\_\_\_ Family Phone #: \_\_\_\_\_ Ambulance Phone #: \_\_\_\_\_

Wheelchair Van Phone #: \_\_\_\_\_

### Patient Paperwork

Patient Face Sheet Attached: ( ) Yes

Written Orders/Requisition including Reason for Exam Attached: ( ) Yes ( ) N/A

Advanced Directive Attached: ( ) Yes ( ) N/A

Does Patient have a Legal Guardian or Power of Attorney: ( ) Yes ( ) N/A

If Applicable, Patient's Legal Guardian/POA: Name & Phone # \_\_\_\_\_

Current Medication Administration List Attached: ( ) Yes ( ) N/A

Current Allergy List Attached: ( ) Yes ( ) N/A

Pertinent Patient Records Attached: (Most recent H & P/Nursing Notes/Etc) ( ) Yes ( ) N/A

Is Patient a Fall Risk: ( ) Yes ( ) No

Does Patient have any Special Conditions or Needs that SMMC should be aware of: ( ) Yes ( ) No

(Ex: Hearing-Sight-Speech Impaired/Dementia/Easily Agitated/MRSA/C-diff/VRE/Communicable Diseases/etc.)