## NEW YORK-PRESBYTERIAN / WEILL-CORNELL CARDIAC CATHETERIZATION ADMISSION REQUEST T'S LAST NAME FIRST MI ADMISSION DIAGNOSIS

PATIENT'S LAST NAME FIRST MI	ADMISSION DIAGNOSIS
(CONFIDM A CCUDATE ODELLING WITH DATHENIT)	
(CONFIRM ACCURATE SPELLING WITH PATIENT)  PATIENT'S STREET ADRRESS	SECONDARY DIAGNOSIS
TATIENT STREET ADRRESS	SECONDARI DIAGNOSIS
CITY STATE ZIP	PROCEDURE OR OPERATION
	TROCEDURE OR OF ERRITION
PATIENT'S TELEPHONE	EMERGENCY CONTACT/NAME/RELATIONSHIP
SS# DOB: SEX:	EMERGENCY CONTACT/ADDRESS/PHONE #
F / / M / /	
MOTHER'S /FATHER'S FIRST NAMES	AMBULATORY / / SDA / / DATE:
MOTHER'S FATHER'S FIRST NAMES	AMBULATURY / SDA / / DATE:
MARITAL STATUS:	SERVICE: MEDICINE // ANESTHESIA:
SINGLE /	DOCTORS NYH CODE:
DIVORCED! / WIDOWED! / SELARATED! /	DOCTORS WITH CODE.
PLACE OF BIRTH MED REC #	REFERRING PHYSICIAN/ TELEPHONE #
-	
COMMENTS:	EMPLOYER'S NAME & PHONE #
ALLERGIES? YES/NO	EMI LOTER STRAINE & THORE #
COUMADIN: YES/NO/STOP ON	INSURANCE #1
COCMIDINATED	POLICY/ID#TELE #
OTHER BLOOD THINNERS?	
DIA DETING AND	POL/HOL NAMEDOB:
DIABETIC: YES/NO	CDOVID!!
MEDS?	GROUP#CATEGORY#
	DATE: TIME SPOKE TO:
STRESS TEST? ECHO?	
PREV CATH? YES/NO	PRECERT BY:PRECERT #
110	INSURANCE #2
CABG? YES/NO	
WHIDE	POLICY/ID#TELE #
WHERE?	DOL/HOL NAME
LABS TO BE DONE AT:	POL/HOL NAMEDOB:
	GROUP#CATEGORY#
DOES PATIENT HAVE A RIDE HOME?YES/ / NO / /	
AMBULETTE / / PUBLIC TRANS / / CAR	DATE:SPOKE TO:
SERVICES / /	PRECERT BY: PRECERT #
DISCUSSED VALET? / /	PRECERT BY:PRECERT # PRE-ADMITTING OFFICE 212-585-6776 FAX212-585-6779
DISCUSSED PHOTO ID? / /	ADMITTING OFFICE X64283 OR 64250 FAX#68605/64034
	TANIA/MAGGIE/MERCEDES/IDAMIS
	1

REVISED 2012 BOOKED BY: