

NEW YORK-PRESBYTERIAN / WEILL-CORNELL CARDIAC CATHETERIZATION ADMISSION REQUEST

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

REVISED 2012

BOOKED BY: