



Family Check List for Admissions

Please bring the following information for - Admissions

- ☐ **Payment \$4,900/week (\$700/day) - *check preferred***
- ☐ Medications from Home
- ☐ List of Drug Allergies
- ☐ Mortuary Name & Phone Number
- ☐ Church/Synagogue Contact - Person & Phone #
- ☐ Name, Address, Phone # of Physician to Follow (and sign death certificate)
- ☐ Date Last Seen by above Physician (has to be within 180 days)
- ☐ Names, Addresses, Phone #s of all Immediate Family
& Friends for Contact & Bereavement Follow-up
- ☐ DNI/ DNR Form (POLST)
- ☐ POA
- ☐ Healthcare Directive