



Carelink Health Care Services, LLC
New Admission Packet

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Patient Name: Constance Dowling

MR# 5132005599-1

Admission Packet

Initials

	Welcome page / Hours of Operation
	Admission Criteria
	Rights / Responsibilities of Patient / Grievances
	Complaints and Grievances
	HIPAA
	Medicaid Fraud Reporting
	Abuse, Neglect, Exploitation, Drug Testing Policy
	Advance Directive Information
	Infection Control
	Family Disaster Plan
	Emergency Numbers
	Home Safety
	Plan and Get Ready
	Emergency Information
	Plan of Care Supervision
	Disclosure Notice
	Consent & Verification of Receipt of Information *
	Payment of Services *
	Billing Agreement *
	Emergency Preparedness/ Disaster Plan *
	Home Safety Checklist *
n/a	Medication Profile
n/a	Consent to Photograph/Identification
n/a	Assessment
n/a	Pain Assessment
n/a	Fall Assessment
n/a	Communication Sheet
n/a	Vital Signs Record
n/a	Patient Calendar
n/a	Release of Information Authorization
n/a	HHA Care Plan (If applicable)

My initials above indicated that I have received the information listed.

Signature: _____ Date: _____