

**Nursing Home Review Panel  
Hospital Admission Follow-Up Form**

<b>Person Hospitalized:</b> _____	<b>Date of Birth:</b> _____
<b>Name of Hospital:</b> _____	<b>Date of Admission:</b> _____
<b>Reason Admitted/Diagnosis:</b> _____	

**SCO:** \_\_\_\_\_

**Supports Coordinator:** \_\_\_\_\_ **Date Form Sent:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Supports Coordinator Supervisor:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<b>Residential Provider:</b> _____	
<b>Agency Contact (Job Title):</b> _____	
<b>Email:</b> _____	<b>Phone:</b> _____
<b>Agency Supervisor (Job Title):</b> _____	
<b>Email:</b> _____	<b>Phone:</b> _____
<b>Agency Nurse:</b> _____	
<b>Email:</b> _____	<b>Phone:</b> _____

**Family Contact:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Advocate Contact:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Short-term rehabilitation/nursing home placement planned?    Yes             No

**Please Resubmit Form When Person Is:**

<b>Discharged from Hospital to Home:</b> _____	<b>Date:</b> _____
<b>Discharged from Hospital to Nursing Home/Rehab Facility:</b> _____	<b>Date:</b> _____
<b>Name of Nursing Home/Rehabilitation Facility:</b> _____	
<b>Discharged from Nursing Home/Rehabilitation to Home</b> _____	<b>Date:</b> _____
<b>Other Disposition (Specify):</b> _____	<b>Date:</b> _____

Submit to:        Jack Toomey, RN as an attachment to an email at [jtoomey@pmhcc.org](mailto:jtoomey@pmhcc.org) to or fax at (215) 790-4976.