

## EMERGENCY ROOM/HOSPITAL ADMITTANCE FORM

Form to be completed by residential staff prior to bringing the individual with mental retardation to the Emergency Room or admitting the individual to the hospital.

Date: 01/20/24 Completed by: \_\_\_\_\_ Relationship to Individual: \_\_\_\_\_  
Name: Lonna Ohrt Nickname/Likes to be called: \_\_\_\_\_

DOB: 10/05/86 Soc Sec #: 96079544

Address: 992 Hagan Park

Phone #: 315-545-4316

Health Insurance (Type & Numbers)

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Allergies: pollen

Living Status: Group Home \_\_\_\_\_ Family Living \_\_\_\_\_ Lives Independently ☒ Other \_\_\_\_\_

Nursing Supports Available at provider agency? (circle) Yes or No; RN and/or LPN Name: \_\_\_\_\_

### Emergency Contacts

Name (Provider Agency): Okuneva, Ernser and Becker

Phone Number: 658-541-4051

Phone Number (After Hours): \_\_\_\_\_

Name (Family): Glenn Tilbey

Relationship: uncle

Phone Number: 791-461-5687

County Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number (After Hours): \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason for ER visit today:

**Severe burns**

Neurologist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Medical Problems/Diagnoses:

Psychiatrist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Level of Mental Retardation (circle one):

Mild Moderate Severe Profound

### Consent Status:

☒ CAN give own consent

☐ CANNOT give own consent. Has a Legal Guardian.

Legal Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

☐ CANNOT give own consent. Does not have a Legal Guardian. Has a Substitute Healthcare Decision Maker.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Durable POA: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Resuscitation Status:

☐ DNR\*\*\*\*

☒ Full Resuscitation

If DNR, List Reason: \_\_\_\_\_ Date DNR Given: \_\_\_\_\_ By Whom: \_\_\_\_\_

Consent for Release of Information to Provider(circle one): Yes No

Date of Last Tetanus: \_\_\_\_\_ Date of Last PPD: \_\_\_\_\_ Date of Last Flue Shot: \_\_\_\_\_

Date of Last Pneumovax: \_\_\_\_\_ Date of Hepatitis B Vaccines: \_\_\_\_\_