

## ADMISSION AND DISCHARGE RECORD

Name \_\_\_\_\_ Admission Date \_\_\_\_\_  
Admission Time \_\_\_\_\_ AM/PM Admitted From \_\_\_\_\_  
Usual Occupation \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Usual Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Race \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Marital Status \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Religion \_\_\_\_\_ Clergyman \_\_\_\_\_  
Church-Synagogue \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Social Security # \_\_\_\_\_ Medicare # \_\_\_\_\_ Medicaid # \_\_\_\_\_  
Insurance \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Policy # \_\_\_\_\_ Group \_\_\_\_\_ Group # \_\_\_\_\_  
Responsible Party \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Power of Attorney \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Nearest Relative or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Notify in Case of Emergency \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Hospital Preference \_\_\_\_\_ Telephone # \_\_\_\_\_  
Email Address \_\_\_\_\_  
Funeral Home Preference \_\_\_\_\_ Telephone # \_\_\_\_\_  
Pharmacy Preference \_\_\_\_\_ Telephone # \_\_\_\_\_  
Dentist \_\_\_\_\_ Telephone # \_\_\_\_\_  
Attending Physician \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Alternate Physician \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Date of Last Physical Exam \_\_\_\_\_ Yearly Physical Due \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Allergies \_\_\_\_\_  
\_\_\_\_\_  
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Discharged/Expired Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM  
Reason \_\_\_\_\_ With/Without MD Approval  
Released To \_\_\_\_\_ New Address \_\_\_\_\_  
Place of Death (Address, City, County, State) \_\_\_\_\_  
\_\_\_\_\_  
Precinct # \_\_\_\_\_  
Mortician's Name \_\_\_\_\_ Signature \_\_\_\_\_