

# Hospital Readiness Information Form

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Address:			
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		copy of front and back of insurance cards)	
•	Member ID Secondary Insurance Company		**********
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•	Email	Phone/Work	
•	Phone/Cell	Phone/Work	
Medi	ication List		
1		10	
2			
4		13	
5		14	
		15	
		16	
		17	
		18.	



## 243 Atlantic Ave, Lynbrook, NY 11563 Denise Walsh, Community Liaison (516-316-2977)

Allergies: **Medical Conditions: Past Surgeries:** Past Hospitalizations: Physician List & Phone (such as Primary Care; Cardiologist; Allergist; Pulmonologist etc.) 5. **Vaccinations:** Flu: Y/N Date: Pneumonia: Y/N Date: \_\_\_\_\_ Shingles: Y/N Date: \_\_\_\_\_ COVID: 1st Y/N Date: /Location Pfizer/Moderna/J&J COVID: 2<sup>nd</sup> Y/N Date: \_\_\_\_/Location Pfizer/Moderna

#### Additional information:

Do you wear Contacts/Glasses? Y/N

Do you wear dentures? Y/N

Do you have a pacemaker? Y/N

Do you have hearing aids? Y/N

Other?

## Personal Effects to take for a hospital stay:

Charged Cell Phone (clearly labeled) Phone Charger (clearly labeled) Change of undergarments

### Be Aware to Prepare:

Health Care Proxy

Power of Attorney

MOLST

Keep this form in a location that is easy to access. Make copies for your emergency contact people. Update when necessary.



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Lynbrook Restorative is a short-term sub-acute Physical Therapy facility. Our inpatient rehabilitation program is designed to offer the most responsive, efficient rehabilitative experience available.

Specialized programs, top-notch amenities and caring staff are just a few of the reasons

Lynbrook Restorative Therapy and Nursing is set apart.