THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

Direct Admission - Medicine
(Please Print)

Today's Date:		Time:		
23H OBSERVATION ❑	**2 MIDNIGHT** ❑	**INPATIENT ADMISSION** ❑	**REHABILITATION** ❑	**PSYCHIATRY** ❑
Admission Date:		**Hospital Service:**		

PATIENT INFORMATION					
Patient's Last Name:	**First:**	**MI :**	**Birth date:** / /	**Age:**	**Sex:** ❑ M ❑ F
Social Security Number:	**Patient Contact:** H: C: W:				
Patient Address: Street: City: State: Zip Code:					
Referring MD: Telephone #:		**Accepting MD:** Telephone #:			
Referral Type: Office ❑ Clinic ❑ Facility ❑		**Referring Location:**			
Transfer From Other Facility:		**Facility Name:**			
Referral Contact Name:		**Referral Telephone #:**			
Insurance Name: Subscriber Name:		**Policy #:** Authorization #:			
Admitting Diagnosis/ICD 10:		**Procedure/CPT:**			

CLINICAL INDICATORS / CONFIRMATION DATA (Please Attach History and Physical)	
Clinical Symptoms : (Date) ————	Please explain :
Radiology : (Date) _____	Please explain / results:
Cardiology: (Date) ————	Please explain / results:
Clinical Laboratory: (Date) ————	Please explain / results:
Vital Signs : (Date) _____ T : P : HR: B/P:	Please explain / results :

PLAN OF CARE/ PHYSICIAN ORDERS	
1.	
2.	
3.	
4.	

Accepted by:	Telephone:	Code :