



## Hospital Readiness Information Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

**Insurance Information:** (attach a photocopy of front and back of insurance cards)

- Insurance Company \_\_\_\_\_
- Member ID \_\_\_\_\_
- Secondary Insurance Company \_\_\_\_\_
- Member ID \_\_\_\_\_

**Emergency Contact:**

- 1<sup>st</sup> Name \_\_\_\_\_
- Phone/Cell \_\_\_\_\_ Phone/Work \_\_\_\_\_
- Email \_\_\_\_\_
- 2<sup>nd</sup> Contact Name \_\_\_\_\_
- Phone/Cell \_\_\_\_\_ Phone/Work \_\_\_\_\_
- Email \_\_\_\_\_

**Medication List**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_

8. \_\_\_\_\_ 17. \_\_\_\_\_

9. \_\_\_\_\_ 18. \_\_\_\_\_



**Carolyn Palladino, Community Liaison 516-582-5376**

**Allergies:**

**Medical Conditions:**

**Past Surgeries:**

**Past Hospitalizations:**

**Physicians List & Phone** (such as Primary Care; Cardiologist; Allergist; Pulmonologist etc.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

**Vaccinations:**

Flu:            Y/N    Date: \_\_\_\_\_

Pneumonia:   Y/N    Date: \_\_\_\_\_

Shingles:     Y/N    Date: \_\_\_\_\_

COVID: 1<sup>st</sup>   Y/N    Date: \_\_\_\_\_/Location \_\_\_\_\_    Pfizer/Moderna/J&J

COVID: 2<sup>nd</sup>   Y/N    Date: \_\_\_\_\_/Location \_\_\_\_\_    Pfizer/Moderna/J&J



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**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.**

**Excel at Woodbury for Rehabilitation and Nursing  
8533 Jericho Turnpike  
Woodbury, NY 11797  
516-692-4100**

*We offer a variety of specialized programs. Find your Excellence including our Pulmonary and Amputee programs, in addition to our HI- Tech Rehabilitation services. All programs are led by highly trained and experienced doctors and therapists.*