



*Robbinswood Northcrest
Admission Requirements*

RELEASE OF MEDICAL INFORMATION REQUEST

Patient Name: _____

Date of Birth: ____/____/____

Last 4digits of social security number: xxx-xx- ____ _ _ _ _

I, _____ (Patient/Guardian/P.O.A.) authorize the office of

_____ (doctor office or facility) and

_____-_____-_____ (fax number) to release all of the following related to your patients medical history. These documents will be helpful in our assessment process to determine if your patient would be appropriate to live at our Assisted Living Community.

1. From your Primary Care Physician (or Hospice/ Attending):

- a. History and Physical Exam within the last 90 days
- b. List of Current Medications
- c. Chest X-Ray or TB Skin Test within the last year (if available)
- d. Physician-ordered therapeutic or special diet – see diets we offer
- e. Mental health treatment documentation (if applicable)
- f. Immunization Record
- g. Advanced Directives (or Medical Treatment Decisions)
- h. Probate court, Legal Guardianship or Power of Attorney docume.
- i. Most recent 30 days of Home Care or Hospice (SN/ PT/ OT/ ST/ MD/ SW/ H.Aide) notes

AND

2. From Current Facility:

- a. Face Sheet
- b. Most recent 30 days of (1.) Incident and Accident Reports, (2.) Social Work, (3.) Nursing, (4.) MDS, (5.) Therapy and (6.) Care Giver (or C.N.A.) Observation Notes

Thank You for your efforts in partnering with us to care for this patient. If the Staff at Robbinswood, Northcrest can be of assistance in obtaining any of this information, please contact Morgan at 231.744.2447. **231.744.2448 (fax number)**

Sincerely,
Joshua Simmer
Administrator

Sincerely,
Morgan Chamberlain
Admissions & Business Office Manager

Patient/Guardian/P.O.A. authorization: _____ Date: ____/____/____

To: Dr. _____ Office, Fax: ____ - ____ - _____



Thank you for continuing to provide quality medical care for residents at the Northcrest Campus of Robbinswood Assisted Living Communities. Your expertise plays a very important role in providing the quality of life we continue to provide. Our residents look forward to mealtime each day and good nutrition is extremely important for health and well being. Food has personal meanings to every individual and mealtimes are important social occasions. To follow is a brief listing of diets available here at Northcrest.

- Standard/ Regular Diet
- No Added Salt Diet
- Puree Diet (Level I Dysphagia Diet)
- Mechanical Soft Diet (or Level II or III Dysphagia Diet)
- Unmeasured Liberal Diabetic Diet
- Full Liquid Diet
- Clear Liquid Diet

With your approval, we will provide the proper diet for the resident named on the next page. Food and fluid consistency alterations will continue to be accommodated. Individuals with medical risks will be monitored closely for concerns. We are not able to accommodate any fluid restrictions unless resident is capable to self manage this order.

Attached is a list of your patient and the requested terminology changes to reflect our system. Please review and select the diet you wish the patient to be on. Our Nursing Department will be using this as a guide to make diet order changes.

We look forward to continuing to work with you and provide a team approach to care and promote a greater quality of life for our residents. We welcome any comments you may have regarding this request. You may contact me at 231-744-2447. Diet Orders can be faxed to us at **231-744-2448**.

Sincerely,

Kallie Andry
Clinical Care Coordinator
231-744-2447 x 223

Jolie Behmlander, R.N.
Wellness Director

See Attachment: Diets Offered At Robbinswood Assisted Living Community

Resident/Patient: _____

Date of Birth: ___/___/_____



Diets Offered At Northcrest Campus, Robbinswood Assisted Living Community
(please check one)

___ **1. Regular** is the standard diet. A regular diet will be served when no diet order accompanies admission orders until an assessment of needs is completed and a diet order is obtained.

___ **2. No Added Salt Diet** is the diet where added salt will be omitted from regular diet. Salt substitutes will be available at dining locations if ordered by the physician.

___ **3. Puree Diet (or Level I Dysphagia Diet)** is used for individuals with difficulty chewing and swallowing regular or mechanical soft foods. Foods will be pureed to a smooth consistency similar to that of mashed potatoes. Foods are otherwise similar to those planned on the regular diet.

___ **4. Mechanical Soft Diet (or Level II or III Dysphagia Diet)** is used for individuals with difficulty chewing regular texture foods. Foods are chopped, ground, shredded, cooked, or altered to make them easier to chew. Foods are otherwise similar to those planned on the regular diet.

___ **5. Unmeasured Liberal Diabetic Diet** is used for individuals who must maintain a certain range in blood sugar levels. Food has no added sugar. These individuals will be served three meals a day.

___ **6. Full Liquid Diet** is used as a temporary diet (up to 5 days) for individuals unable to tolerate solid foods. Foods are liquid or become liquid at room temperature and can be high in calories and protein. The RN/ Wellness Director will complete a nutritional assessment and may recommend vitamin/mineral supplementation, weekly weights checks, and if diabetic, routine glucose levels.

___ **7. Clear Liquid Diet** is used as a temporary diet (1-3 days) for individuals who are unable to tolerate solid foods due to emesis, diarrhea or prior clinical testing. Liquids are clear or transparent to light, liquid at room temperature but may be semi-solid when cold as in gelatin.

***We are not able to accommodate any fluid restrictions unless resident is capable to self manage this order.**

M.D./ N.P. / P.A. Signature: _____ **Date:** ___/___/_____