

Your  
Hospital's  
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# BED RESERVATION FORM

|                   |       |                |     |   |  |
|-------------------|-------|----------------|-----|---|--|
| RESERVATION DATE: | TIME: | ROOM REQUESTS: | NO: | SURGICAL:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | MEDICAL:<br><input type="checkbox"/> T <input type="checkbox"/> NT <input type="checkbox"/> IC |
|-------------------|-------|----------------|-----|---|--|

Admission Date: \_\_\_\_\_ Type of Admission:  ER  Urgent  Elective Medical Record #: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F  
LAST FIRST MIDDLE

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

Patient's Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ SSN: \_\_\_\_\_

Physician's Name: Attending: \_\_\_\_\_ Referring: \_\_\_\_\_

Time Last Ate: \_\_\_\_\_ Admitting Diagnosis: \_\_\_\_\_

Coexisting Conditions: \_\_\_\_\_

Does patient have any draining areas?  Yes  No Does patient need a private room for any infectious disease?  Yes  No

Is the patient confused?  Yes  No If "YES", is patient noisy and / or agitated?  Yes  No

Treatment Plan: \_\_\_\_\_

Last Hospitalization: \_\_\_\_\_  
HOSPITAL DISCHARGE DATE LENGTH OF STAY

|       |  |
|-------|--|
| DATE: | <b>Surgical Procedure</b> (Description) _____<br>_____ |
| TIME: |  |

## INSURANCE:

1. \_\_\_\_\_  
INSURANCE POLICY # GROUP NUMBER

\_\_\_\_\_  
SUBSCRIBER'S NAME SUBSCRIBER'S EMPLOYER

2. \_\_\_\_\_  
INSURANCE POLICY # GROUP NUMBER

\_\_\_\_\_  
SUBSCRIBER'S NAME SUBSCRIBER'S EMPLOYER

Insurance Phone #: \_\_\_\_\_ Precertification Phone #: \_\_\_\_\_

Reservation Taken by: \_\_\_\_\_ Preadmission Review: \_\_\_\_\_

HOSPICE:  Yes  No (if yes, secure information below)

PATHWAY:  Yes  No

## DISCHARGE INFORMATION:

Probable Length of Stay: \_\_\_\_\_

Disposition: \_\_\_\_\_

Was patient admitted from Nursing Home?  Yes  No

If yes, what Nursing Home: \_\_\_\_\_

Does patient live alone?  Yes  No

P.A.T.  Yes  No

FORT LINCOLN:  Yes  No

ATTACHED:  Yes  No

## NOTES:

WHITE = Admitting Office

YELLOW = Preadmission Office

PINK = Insurance Verification