



# Walnut Place

A LIFE CARE SERVICES® COMMUNITY

## DIRECT ADMIT

**Patient First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_

1. Admit to: Skilled Nursing

2. PCP: \_\_\_\_\_  
Phone #: \_\_\_\_\_

3. Primary Diagnosis: \_\_\_\_\_

4. Allergies: \_\_\_\_\_

5. Activity:

Ad lib  Bed rest

Bed rest with bathroom privileges/assistance

Restrictions: \_\_\_\_\_

6. Diet/Nutrition:

Regular  Diabetic  Low sodium  Soft

Puree  NPO  Thickened liquids

Tube feed/Other: \_\_\_\_\_

7. Advance Directives:

Full code  Do not resuscitate/Do not intubate

Modified/other: \_\_\_\_\_

Additional Orders: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physician Name (Please Print) :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

8. Therapy:  PT  OT  ST

9. Wound care:

Wound care orders attached:  Yes  No

Wound location: \_\_\_\_\_

Other instructions/dressing: \_\_\_\_\_

\_\_\_\_\_

10. Other care:

X-ray: \_\_\_\_\_

IV fluids: \_\_\_\_\_

IV meds: \_\_\_\_\_

RT: \_\_\_\_\_

Copy of medications list attached:  Yes  No

To the care of a Facility Physician:  Yes  No

11. To the care of:

Dr./Group \_\_\_\_\_

Phone #: \_\_\_\_\_

