

HEALTH CARE SYSTEMS

ADMISSION REPORT

Name: ALEXIS A CARRINGTON		Admission Date: 09/01/2004	Admission Hour: 16	Record #: 2005	Medical Record #: 2005
Last Known Address: 123 RODEO DRIVE INDIANAPOLIS, IN 46551		Original Admission Date: 09/01/2004	Date of Birth: 07/12/1916	Age: 88	Gender: FEMALE
		Religion: Apostolic	Place of Worship: FAITH APOSTOLIC CHUR 1111 WORSHIP ROW INDIANAPOLIS, IN 46222		Marital Status: Widowed
Medicare Number: 555889999A	Medicaid Number: 123456789999	S.S. Number: 555-88-9999		Pay Type: State Medicaid	
Notify In Case of Emergency #1: HENRY CARRINGTON 3434 SOGGY TRAIL LANE INDIANAPOLIS, IN 46228			Notify in Case of Emergency #2: CECILE CARRINGTON 2323 HUNTER CROSSING SUITE 202 INDIANAPOLIS, IN 46115		
Phone: (317) 955-5656 Work Phone: (317) 955-5566			Phone: (812) 465-5778 Work Phone: (812) 465-5788		
Relationship: BROTHER			Relationship: SISTER IN LAW		
Billing Name: HENRY CARRINGTON 3434 SOGGY TRAIL LANE INDIANAPOLIS, IN 46228			Insurance Company Information: BCBS 123 INSURANCE BLVD SUITE B INDIANAPOLIS, IN 46225		
Phone: (317) 955-5656 Work Phone: (317) 955-5566			Phone: (317) 555-4646		
Relationship: BROTHER			Policy Number: 12345		
			Group Number: 23456		
Admitting Physician: LINDA STROPES GENERAL PRAC (317) 555 - 9999 or (317) 555 - 2222					
Attending Physician: LINDA STROPES GENERAL PRAC (317) 555 - 9999 or (317) 555 - 2222					
Alternate Physician: GA TRIPLETTS (812) 689 - 4748					
Ambulance Preference: ALL TRANSPORT SERVIC					
Mortuary Preference: MARKLAND FUNERAL HM (812) 438-3111					
Pharmacy Preference: WALMART PHARMACY					
Podiatrist Preference: CLINIC TABOR PODIATRY					
Dentist Preference: JAMES BROUGHTON DENTIST (812) 934 - 3651					
Eye Doctor Preference: FAMILY FAMILY HANDLES					
Hospital Preference: COMMUNITY HOSPITAL E					
Qualifying Hospital Dates – From: 06/06/2005 To: 06/10/2005					
Diagnosis: DYSPHAGIA DMI WO CMP NT ST UNCNTRL CHF NOS HYPERTENSION NOS PERIPH VASCULAR DIS NEC					
Previous LTC Facility Stay: SOMEPLACE ELSE NURSING HOME					
From: 05/01/2005 To: 05/05/2005					
Allergies: SULFA					
Name: ALEXIS A CARRINGTON		Room #-Bed: 104 A		Record #: 2005	Medical Record #: 2005