

This is a referral for: H+H Hotel

SNF

<b>Name:</b>		<b>Date of Birth:</b>		<b>MRN#:</b>		<b>Phone#:</b>		
<b>Current Location:</b>						<b>Language:</b>		
<b>Referrer Name and Phone Number:</b>								
<b>Home / Shelter Address:</b>								
<b>Insurance Information:</b>								
<b>Does client have an Intellectual/Developmental Disability?</b>				<b>Yes (If yes, select all that apply):</b>				
Autism Spectrum Disorder		Cerebral Palsy		Epilepsy		Familial Dysautonomia/Riley-Day/HSAN-III		
Neurological Impairment		Traumatic Brain Injury		Other:				
<b>Has client received services through the New York State Office for People with Developmental Disabilities (OPWDD)?</b>							<b>Yes</b>	<b>No</b>
<b>General Activities of Daily Living</b> (select all that apply):	Able to bathe self		Able to dress and groom Self		Able to feed self		Able to enter tub/shower without assistance	
	Able to toilet self both bowel and bladder			Able to ambulate independently				
<b>Primary Mode of Locomotion</b> (select all that apply):	1 Person Assist	2 Person Assist		Ambulatory	Bedbound	Cane	Walker	
	Hoyler Lift	Wheelchair	Other:					
<b>Medical History</b> (select all that apply):	Arrythmia	Asthma	Cancer	Cerebrovascular Accident		Congestive Heart Failure		
	COVID-19	Diabetes Mellitus		Hearing Impaired	Hypertension	Myocardial Infarction		
	Visually Impaired		Other:					
<b>Describe client's behavioral health history:</b>								
<b>Describe client's history of suicide attempt or suicidal / homicidal ideation:</b>								
<b>Describe client's history of assaultive or aggressive behavior:</b>								
<b>Does client have any wounds? If yes, describe:</b>								
<b>COVID-19 test date:</b>				<b>COVID-19 test result:</b>				
<b>Provide client's Primary Care Provider's name, phone number and address:</b>								
<b>Is client on hemodialysis? If yes, specify dialysis schedule and location of client's dialysis center:</b>								
<b>Is client on Methadone? If yes, specify the name, address and phone number of client's Methadone Treatment Program:</b>								
<b>Is client taking any medications? If yes, list all of client's medications:</b>								