

Medical Records Required

Please fax the following to 732-860-4380

- | | <u>Explanation if Missing</u> |
|--|-------------------------------|
| <input type="checkbox"/> Face Sheet/Demographics and Contact | |
| <input type="checkbox"/> Admission Reason and Diagnosis | _____ |
| <input type="checkbox"/> History and Physical | _____ |
| <input type="checkbox"/> Medication Administration Record | _____ |
| <input type="checkbox"/> Most Current Labs | _____ |
| <input type="checkbox"/> Nursing and/or progress notes
_____ | |
| <input type="checkbox"/> Current Discharge Status | _____ |
| <input type="checkbox"/> Discharge meds and orders (if ordered)
_____ | |
| <input type="checkbox"/> Medical Consults and Results (if ordered) | _____ |
| <input type="checkbox"/> Physical/Occupational Therapy (if ordered) | _____ |

To contact Admissions at Endeavor House, please call (732) 264-3824.