



Admission Checklist / Fax Cover Sheet

Facility Name: _____ Name of Staff Completing Admission: _____

Resident Name: _____

Select One of the Following Options

☐ New Admission ☐ Re-Admission

Admission Date:

All Information is REQUIRED for admission to be accepted by the pharmacy.

Send information to 207-373-9088 or
ecm.maine@guardianpharmacy.net



Select Level of Care

☐ SKILLED-PRIMARY PAYOR: _____
☐ LONG TERM CARE ☐ ASSISTED LIVING ☐ GROUP HOME ☐ OTHER



Patient Demographics

☐ NAME ☐ PRIMARY PHYSICIAN ☐ DOB ☐ DRUG ALLERGIES ☐ SSN



Contact Information of POA / Financial Representative (MUST BE CURRENT)

☐ MAILING ADDRESS ☐ PHONE NUMBER ☐ EMAIL ADDRESS



Insurance Information

☐ MEDICARE # ☐ PRESCRIPTION INSURANCE INFO ☐ RX BIN ☐ PCN # ☐ RX GROUP



Patient Medications

☐ SIGNED MD ORDERS ☐ DISCHARGE SUMMARY

How are electronic prescriptions being sent to Pharmacy?

☐ MD OFFICE ☐ HOSPITAL ☐ ADMITTING COMMUNITY PROVIDER

What medications need to be ordered?

☐ Send all medications listed ☐ Send all, but house stock ☐ Send NO medications

List Patient Medications (You must indicate above what action the Pharmacy should take with medications listed.)

