



**THE GEORGE WASHINGTON
 UNIVERSITY HOSPITAL**

Direct Admission - Surgery
 (Please Print)

Today's Date:		Time:			
23H OBSERVATION <input type="checkbox"/>		2 MIDNIGHT <input type="checkbox"/>	INPATIENT ADMISSION <input type="checkbox"/>	REHABILITATION <input type="checkbox"/>	PSYCHIATRY <input type="checkbox"/>
Admission Date:		Hospital Service:			
PATIENT INFORMATION					
Patient's Last Name:		First:	MI :	Birth date: / /	Age:
					Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Social Security Number:		Patient Contact: H: C: W:			
Patient Address:					
Street:		City:		State:	Zip Code:
Referring MD: Telephone #:			Accepting MD: Telephone #:		
Referral Type: Office <input type="checkbox"/> Clinic <input type="checkbox"/> Facility <input type="checkbox"/>			Referring Location:		
Transfer From Other Facility:			Facility Name:		
Referral Contact Name:			Referral Telephone #:		
Insurance Name: Subscriber Name:			Policy #: Authorization #:		
Admitting Diagnosis/ICD 10:			Procedure/CPT:		
CLINICAL INDICATORS / CONFIRMATION DATA (Please Attach History and Physical)					
PLAN OF CARE/ PHYSICIAN ORDERS					
1.					
2.					
3.					
4.					
Accepted by:		Telephone:		Code :	