

**GREENFIELD HEALTH & REHABILITATION CENTER
PRE-ADMISSION REGISTRATION**

**Download and fill out the pre-admissions application and email it to Lindsey Parrinello at
lparrinello@niagaralutheran.org**

Today's Date: _____

Surgery Date: _____ Hospital: _____

Diagnosis/Procedure: _____

Name: _____ Date of Birth: _____

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Marital Status: _____

Employer : _____ Retired: YES or NO

We require the following information for medical emergency/notification of care.

Name of Primary Contact Person / Agent: _____

Address: _____

Phone: _____ Relationship to Patient: _____

Health Care Proxy: YES or NO If Yes, Who? _____

Address & Phone # _____

MEDICAL INSURANCE INFORMATION

Primary Insurance: _____ Secondary Insurance: _____

ID#/Policy: _____ ID#/Policy: _____

MEDICAL INFORMATION

Local Pharmacy: _____

Local Pharmacy Address: _____ Phone: _____

Surgeon: _____

Primary Physician: _____

Allergies (if any): _____

Medications:
