

ADMISSION AND READMISSION AGREEMENT SIGNATURE SHEET

The Admission Agreement for _____, has been reviewed and signed by the person indicated below. This document is on file in the Business Office and the content of this Agreement includes, but not limited to:

- Consent for treatment
- Resident’s Bill of Rights
- In the event the physician orders the Resident to be transferred to an acute hospital, and Resident is unable to consent and Responsible Party cannot be reached to make a decision on bedhold, does Resident/Responsible Party desire a 7-day bedhold, as paid by Medi-Cal?
_____ Yes _____ No _____ Not Applicable
- Bedhold Request
- Consent to Photograph _____ Yes _____ No

Continuation of the previous Admission Agreement: The original Admission Agreement dated _____ has been reviewed and there is no change. This agreement shall continue to be in effect for this admission and future readmissions unless I specify otherwise.

All signed Advance Directive/Preferred Intensity of Care, physical restraint consents, chemical restraint consents and other signed consents shall remain in effect through readmissions unless I specify in writing otherwise.

Date: _____

- Signature: Resident
 Conservator/Guardian/Agent/Attorney-in-Fact
 Responsible Party – Relationship _____

Date: _____

Signature of Facility Representative

Title: _____

BEDHOLD NOTIFICATION UPON TRANSFER

To be completed upon transfer. Provide copy to Resident/Responsible Party upon request.

_____ has been transferred to: _____
(Resident Name) (Acute Hospital/Other Health Facility)
on _____
(Date)

The Resident/Responsible Party has been notified of their option to hold the bed at this facility for the above names Resident. The final determination is:

- Desires bedhold
- Not eligible for Medi-Cal or HMO/Insurance paid bedhold but desires to hold the bed privately
- Bedhold not desired
- No bedhold. Facility not notified within 24 hours

Person contacted: _____ Relationship: _____

Facility Representative: _____ Date/Time: _____

Title: _____

Physician contacted for bedhold: _____ Yes _____ No