



## **MEDICAL CHECK LIST**

**The following information is required prior to admission. A move-in date will not be scheduled until all information is received.**

1. Complete History and Physical by your personal physician within 30 days of admission. \_\_\_\_\_
2. Two step PPD – Date of Test \_\_\_\_\_
3. Urinalysis Report \_\_\_\_\_
4. CBC test \_\_\_\_\_
5. EKG within the last year \_\_\_\_\_
6. Pneumovac – Date of Last Injection \_\_\_\_\_
7. Flu shot – Date of Last Injection \_\_\_\_\_
8. List of “over the counter” medications taken, such as vitamins, laxatives, aspirin, etc. \_\_\_\_\_
9. A printed list of your prescribed medications from your Pharmacy that must coincide with physician’s orders. \_\_\_\_\_

The requested medical information may be mailed, hand delivered or faxed (302-995-1472) to the attention of:

Dion D. Davis, ADON  
Acting Director of Nursing

Myrna M. Ennis, RN BSN  
Patient Care Coordinator