

Pre-admission HI Patient and Family Checklist

Patient: _____

DOB: _____

Ethnicity: **Hispanic or Latino** **Non Hispanic or Latino**

Race: **American Indian or Alaskan Native** **Black or African American**
 Asian or Pacific Islander **White/Caucasian**
 Native Hawaiian or Other Pacific Islander **More than one**
 Other/Unknown

Mother: _____ **DOB:** _____ **Phone:** _____

Father: _____ **DOB:** _____ **Phone:** _____

Preferred language: _____

Name of hospital personnel completing this form _____

Phone number _____ Date _____

Please check the boxes which have been completed and comment as indicated

Insurance for patient (family should bring all insurance cards, including prescription/pharmacy card for all family members coming to stay with patient)

Name of Insurance for Patient _____

Insurance Address: _____

Insurance Phone number: _____

Patient Insurance ID number _____

Insurance Case Manager (if identified) Name _____

Phone number _____

IMPORTANT - Obtain prescriptions for glucagon emergency kit and meter, test strips and lancets & fill prior to discharge from referring hospital. Parents need to have glucagon and blood glucose testing supplies in preparation for travel home.

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- Help family arrange housing (Ronald McDonald House, local hotel). *See attached information sheets.*

Arrangements are: _____

- Flight/travel arrangements for return trip: airline, bus or train ticket arrangements.
Family is responsible for arranging and paying for transportation home.

- Visiting adults must bring photo ID.

- Family must have financial means for meals, housing, parking etc. while in Philadelphia- (cash, credit cards, food stamps). Please indicate outcome of discussion with family.

- Start SSI application process if applicable.

Date application was filed _____

- Get WIC contact information if applicable. Family will need to apply for WIC immediately upon discharge from CHOP or local hospital.

WIC Contact information:

Name _____

Phone Number _____

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Pediatrician info:
Name _____
Address _____
Phone _____

Local endocrinologist, surgeon, etc. who will follow patient after discharge home.
Name _____
Address _____
Phone _____

Local pharmacy near home for prescriptions to be filled.
Pharmacy Name _____
Pharmacy Phone number _____

Name of local nursing agency that participates in family's health insurance plan for possible home visits
Name _____
Phone _____

Name of DME (durable medical equipment) suppliers and infusion agencies that participate in family's health insurance plan. (National Providers preferred in case equipment and supplies need to be delivered to Children's Hospital of Philadelphia for transport home.)
DME/Infusion Agencies _____
Phone _____

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- Arrange for family to bring car seat for return trip.
- Help ensure mother of patient has been seen for postnatal follow-up prior to transfer.
- Are there other community agencies involved with the family (Child Protective Services, Probation Officer etc.)? Please give contact information.

- Any other issues, concerns that we should be aware of in regards to the family (i.e. parental disabilities/ legal issues/ custody issues. etc.

Please fax to the attention of HI Center at 267-425-0234.