



### **Pre Surgical Short Term Rehab Admission Inquiry**

Please complete information below regarding your upcoming surgery, and your desire to come to Saint Elizabeth Home or Saint Elizabeth Manor for Short Term Rehab.

1. Name \_\_\_\_\_
2. Phone \_\_\_\_\_
3. Name of a Family Contact \_\_\_\_\_  
Phone \_\_\_\_\_
4. Type of surgery \_\_\_\_\_
5. Physician/ Hospital \_\_\_\_\_
6. Date of surgery \_\_\_\_\_
7. Estimated discharge date from hospital after surgery \_\_\_\_\_
8. Insurance \_\_\_\_\_
9. Insurance Number \_\_\_\_\_

Please return completed form to Saint Elizabeth Home or Saint Elizabeth Manor admissions dept. via mail or in person if you come for a tour.