Deborah Smith Walsh
Recuperative Care Center

Lynn Community Health Center
Lifebridge NORTHSHORE

Please fax referral to the Admissions Department at **(781) 691-9483**

Follow-up with a **phone call** and check on status of referral at **(781) 691-9486**

Admission hours 8-1 Monday-Thursday

Patient Name: _____	**Facility/Hospital:** _____
DOB: _____	**Contact Name:** _____
Insurance Carrier: _____	**Contact Number:** _____
Psychiatric F/U: _____	**PCP Name**: _____

Acute Medical Need/ Reason for Referral: _____

Primary diagnosis: _____

Substance Use and/or Psychiatric Diagnosis: _____

Required Admission Criteria

- ☐ Homeless in city of Lynn
- ☐ Has an acute medical condition
- ☐ Independent with all ADLS
- ☐ Independent with mobility
- ☐ Continent of urine and feces
- ☐ Behaviorally appropriate for group setting
- ☐ Fever/ diarrhea past 24 hours **YES** **NO**

Anticipated Patient Needs

- ☐ Wound care
- ☐ Dialysis (clinic name and location: _____)
- ☐ Uses assistive device (type: _____)
- ☐ Bariatric equipment
- ☐ Methadone maintenance therapy *(fill out confirmation sheet attached)/* MAT Treatment
- ☐ Foley/ostomy *(include equipment information)*
- ☐ Oxygen required. YES NO
- ☐ COVID (HX of) Tested? YES. NO IF YES DATE TESTED _____
- ☐ Precaution room

Contact (C-diff) Droplet (influenza)

Please attach the following paperwork required for screening:

- ☐ History and Physical (H&P)
- ☐ Current medical list
- ☐ Provider progress notes (most recent)
- ☐ Nursing progress notes (most recent)
- ☐ Current lab values

If applicable:

☐ Psych & social consults	Attached	Not applicable
☐ PT/OT notes (most recent)	Attached	Not followed
☐ Methadone confirmation	Attached	Not on methadone maintenance

☐ I verbally authorize the Recuperative Care Center (Lynn Community Health Center) to receive and release informationfrom or to LifeBridge. Pt will sign hard copy upon admittance to Recuperative Care Center.

Recuperative Care Center ● Medical Outreach Program
73 Buffum Street, 2nd Floor, Lynn, MA 01901 ● Telephone 781-691-9486 ● FAX 781-691-9483