



Hospital Readiness Information Form

Name: _____

Address: _____

DOB: _____

Insurance Information: (attach a photocopy of front and back of insurance cards)

- Insurance Company _____
- Member ID _____
- Secondary Insurance Company _____
- Member ID _____

Emergency Contact:

- 1st Name _____
- Phone/Cell _____ Phone/Work _____
- Email _____
- 2nd Contact Name _____
- Phone/Cell _____ Phone/Work _____
- Email _____

Medication List

- | | |
|----------|-----------|
| 1. _____ | 10. _____ |
| 2. _____ | 11. _____ |
| 3. _____ | 12. _____ |
| 4. _____ | 13. _____ |
| 5. _____ | 14. _____ |
| 6. _____ | 15. _____ |
| 7. _____ | 16. _____ |
| 8. _____ | 17. _____ |
| 9. _____ | 18. _____ |



Kathy Santucci, Community Liaison 516-778-4345
Mary Suddell, Community Liaison 516-512-2004

Allergies:

Medical Conditions:

Past Surgeries:

Past Hospitalizations:

Physicians List & Phone (such as Primary Care; Cardiologist; Allergist; Pulmonologist etc.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Vaccinations:

Flu: Y/N Date: _____

Pneumonia: Y/N Date: _____

Shingles: Y/N Date: _____

COVID: 1st Y/N Date: _____/Location_____ Pfizer/Moderna/J&J

COVID: 2nd Y/N Date: _____/Location_____ Pfizer/Moderna/J&J



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Additional information:

Do you wear Contacts/Glasses? Y/N
Do you wear dentures? Y/N
Do you have a pacemaker? Y/N
Do you have hearing aids? Y/N
Other?

Personal Effects to take for a hospital stay:

Charged Cell Phone (clearly labeled)
Phone Charger (clearly labeled)
Change of undergarments

Be Aware to Prepare:

Health Care Proxy
Power of Attorney
MOLST

Keep this form in a location that is easy to access. Make copies for your emergency contact people. Update when necessary.

Emerge Nursing and Rehabilitation at Glen Cove

2 Medical Plaza, Glen Cove, NY 11542

516-740-9900

At EmERGE, we want to make you feel at home from the moment you walk in. Our team of professionals and highly trained staff's highest priority is getting you well and back to your community.