



Facility Census and Communication Sheet

Patient Name:	Date of Birth:
Facility:	Today's Date:

New Admit:

Patient will be admitted on _____, medications and/or supplies are needed to start on ___/___/____ at ___:___ AM or PM. **Please fill out and send a Resident Intake and Agreement Form with this Communication Sheet.**

Leave of Absence:

- Hospital or rehab: Patient was admitted to _____ (hospital) on ___/___/____. Please stop billing and sending medications/supplies effective immediately.
- Vacation or personal leave: Patient will be leaving the facility on ___/___/____ and returning on ___/___/____.
 - Please send medication to cover the vacation/personal leave.
 - Please stop billing and do not send medication/supplies at this time. We will contact you to restart medications (please give 72 hours' notice prior to return).

Readmission:

Hospital or rehab: Patient will be returning from _____ (hospital) on ___/___/____. **Medications and/or supplies are needed to start on ___/___/____ at ___:___ AM or PM. Please attach a copy of the complete hospital discharge or have the hospital or rehab fax a copy directly to us.**

Discharge:

- Patient will be leaving the facility on ___/___/____. Their forwarding address is listed below (please include facility name, address, and phone number):
- Patient passed away

Other (please include detailed notes):

This form was completed by:	Contact phone number:
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Pharmacy Use Only:

Patient record updated _____ (pharmacy employee initial and date)

Notes: