QUICK INQUIRY FORM

ENTERED INTO AVATAR__ 72 HR. LOG__ UNITY LOG__

Call/Fax Date _____ Call/Fax Time _____ Signature of staff taking inquiry _____

Caller Name:_____Title/Relationship: _____

Organization:_____ Phone No.: _____

Address: _____ City: _____ State: _____ Zip: _____

☐ Patient/Self ☐ Involuntary/6404 ☐ DPOA ☐ Conservator ☐ Surrogate

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Patient's Name:_____ Social Security No. _____

DOB: _____ Age: _____ Race: _____ ☐ Male ☐ Female

Address:_____ City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Patient Currently at: ☐ Skilled ☐ ICF ☐ALF ☐ALF Memory Care ☐ Home ☐ Hospital ☐ Hosp ED

☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Unknown

Check PRIMARY

☐ Medicare __Part A ___ Part B Medicare No. _____ Insurance verified?_____

☐ Commercial Company:_____ Phone No. _____

Subscriber's Name: _____Policy #:_____Group#:_____

Prior Treatment – Outpatient ☐ No ☐ Yes Date_____ Inpatient ☐ No ☐ Yes Date/s: _____

Responsible Party_____ ☐ Conservator ☐ Guardian ☐ POA ☐ Surrogate

Address: _____ Phone: _____

Relationship: _____Email: _____

Is Responsible Party/Family Agreeable? _____ Sex Offender Registry Verified: ☐ Yes ☐ No

Is this patient returning to referring facility for continuity of care? ☐Yes ☐No Per:_____ ☐ NA

Precipitating Problem/Precipitating Factors/Main Complaint:

_____

_____

_____

☐ Yells or Screams ☐ Wanders (environment unsafe) ☐ Ask Questions repeatedly ☐ Throws Objects
☐ Feels Anxious ☐ Undress in Public ☐ Is Manic ☐ Is Hypersexual
☐ Feels Depressed ☐ Is Uncooperative w/ Tx ☐ Has Delusions ☐ Has Insomnia
☐ Hallucinations (Auditory/Visual) ☐ Hits Others ☐ Is Paranoid ☐ Harms Others

Diagnostic Impressions: _____ Mental Status (A/Ox's) _____

PMH: _____

Allergies: _____

Mobility:_____ Vision:_____ Hearing: _____ Diet:_____Weight: _____

Info. Requested: ☐H&P ☐Labs ☐MAR's ☐Graphic Sheet ☐Nurses Note ☐Copy of POA ☐Ins. Cards ☐MD Orders

Covid Screening:_____

Physician Called: Dr. _____ Date: _____ Time: _____

☐ Admit Inpatient ☐ Not Admit If not admitted, reason: _____