The Legacy Admission Matrix

Referral Date:		**Request from:**	
Name:			
Age:			
DOB:			
Sex:			
Diagnosis(es):			
Requested Admission Date:			

Referral Processing

Admission Processing

Admission Date: ________________

From: Facility ___________Rm______

To: Room ___________________

Attending: ____________________

PCP: ____________________

Payer source: __________________

Need Preauth:
No
Yes Date obtained: _________

Requested Services / Care Needs

GREEN Eligible for Admission	☒ all that apply	YELLOW Requires Administrative Approval Prior to Admission	☒ all that apply
Pain Mgmt			
CADD Pump		Mental Retardation/Mental Illness: Requires PASSR II	
Nutrition			
NG Tube		Active Substance Abuse (positive during referral period)	
G-Tube			
J-Tube		Recent Incarceration	
Enteral nutrition Type:		Harmful Behaviors to self or others	
admission		Pain medications other than oral medications	
Pulmonary			
EstablishedTrach		Bariatric 147.7 - 170.4 Kg (325-375 lbs.)	
C-PAP/Bi-PAP			
Skin			
Wound care/Wound VAC		High Cost Medications incl. chemotherapy	
IV Therapy		Out of Network Insurance	
Peripheral		Specialty Bed	
Central/PICC		NG Suctioning	
Midline		Inpatient Peritoneal Dialysis	
		New Trach	
Renal		Skeletal Traction/Skin Traction	
Outpatient Hemodialysis		Traumatic Brain injury (TBI)	
Cardiac		RED Unable to admit	
S/P Valve Replacement		Undocumented alien	
S/P CABG Program		Insulin and Heparin Drips	
Therapy		Bariatric 170.5 Kg (Over 375 lbs.)	
PT/OT/ST therapies		Incarceration/felony convictions in past 5 yrs.	
Special Care		In-House Hemodialysis	
Dementia Care		Registered Sex Offender	
Hospice/Terminal Care		Titrated Medications (excluding Hospice pain treatment)	
		Under age 18 yrs.	
		Ventilator dependent	
		Frontal Lobe Dementia	
		Pregnancy	

DX:

Pertinent Medical Info:

CXR / TB: Date: _______________

Tobacco Use: Non-user
Current smoker
Chew

Code Status: Full DNR
Wt: _______ Kg
Oxygen Use: Room air
____ liters per ____

Foley Cath: None Present
LT101: Submitted

PASSR Complete:

Referral Declined

Date:
Denial Reason:

Comments:

Signature: