

Mercy Bakersfield - Downtown

Pediatric Admission History - BMHTEST, PEDS

*Performed on: 10/09/2017 1732 PDT By: Mastalski, John R

General Information REV 4/2014 mte

Arrival Date/Time on Unit

Preferred Name

Admitted From

☐ Home ☐ Homeless
☐ ED ☐ Juvenile Hall
☐ Acute care facility ☐ Labor and delivery
☐ Board & care ☐ Clinic/Physician office
☐ Child Crisis ☐ Skilled nursing facility
☐ Correctional facility ☐ Other:

Mode of Arrival on Unit

☐ Ambulatory ☐ Gurney
☐ Carried ☐ Isolette
☐ Carseat ☐ Warmer
☐ Crib ☐ Wheelchair

Chief Complaint

Admitting Physician

Primary Physician

Accompanied By

☐ Self ☐ Guardian ☐ Other
☐ Friend ☐ Staff member ☐ Other
☐ Parent ☐ Volunteer

Approved Visitors/Visitor Comments

Contact Information

Contact Type:
Name:
Relation:
Phone:
Business Phone:
Address:
City:
State:

Is Contact Information correct?

☐ No
☐ Yes
☐ Unable to obtain

If Contact Information is incorrect, provide correct information to registration

Information Given By

☐ Self
☐ Friend
☐ Parent
☐ Relative
☐ Guardian
☐ Unable to obtain
☐ Sending facility
☐ Other:

Reason Information Not Obtained

Primary Caregiver(s)

Household 1 Members

☐ Mother
☐ Father
☐ Foster family
☐ Relative
☐ Sibling
☐ Stepfather
☐ Stepmother
☐ Step sibling
☐ Other:

Household 2 Members

☐ Mother
☐ Father
☐ Foster family
☐ Relative
☐ Sibling
☐ Stepfather
☐ Stepmother
☐ Step sibling
☐ Other:

Security Band/Tag Applied

☐ Yes
☐ No
☐ N/A

Patient <12 years ☐ Yes ☐ No

Patient > 12 Years ☐ Yes ☐ No

Developmental Assessment 0-5 years ☐ Yes ☐ No

Developmental Assessment 6-20 years ☐ Yes ☐ No

****If patient does not live with parents will send referral request to social services.**

In Progress