



Pre Surgical Short Term Rehab Admission Inquiry

Please complete information below regarding your upcoming surgery, and your desire to come to Saint Elizabeth Home or Saint Elizabeth Manor for Short Term Rehab.

1. Name _____

2. Phone _____

3. Name of a Family Contact _____
Phone _____

4. Type of surgery _____

5. Physician/ Hospital _____

6. Date of surgery _____

7. Estimated discharge date from hospital after surgery _____

8. Insurance _____

9. Insurance Number _____

Please return completed form to Saint Elizabeth Home or Saint Elizabeth Manor admissions dept. via mail or in person if you come for a tour.