



## Short-Term Rehabilitation Pre-Admission Form

If selecting a healthcare facility for post-surgical rehabilitation is part of your care plan, it is highly recommended to make this decision prior to surgery. This helps to coordinate your care between providers and helps the facility prepare for your arrival. Should you select Cedar Crest Nursing & Rehabilitation Centre for this recuperative period, please complete the following information. Your physician's office will then fax it to us for our records. We will follow up with your hospital at the proper time. We welcome you to visit Cedar Crest prior to admission. Tours are available seven days a week.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Designated Contact Person  
and his/her phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Type of surgery: \_\_\_\_\_

Hospital: \_\_\_\_\_

Date of surgery: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Questions for which you would like immediate follow-up from Cedar Crest:

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