

*Fulfilling Our Promise*



# Steere House

NURSING & REHABILITATION CENTER

## **Pre- Surgical Short Term Rehabilitation Admission Inquiry**

To better serve you, please take a moment to complete this form regarding your upcoming surgery and your wish to come to our Transitional Care Unit (TCU) at Steere House Nursing & Rehabilitation Center.

**Patient Name:** \_\_\_\_\_

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

Family Contact Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

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

Type of Surgery: \_\_\_\_\_

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

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

**Date of Surgery:** \_\_\_\_\_

**Estimated Hospital Discharge Date (following surgery):** \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

Please return this completed form to the attention of Veronica Gazeryan, Admissions Coordinator, at the address below or by email at [vgazeryan@steerehouse.org](mailto:vgazeryan@steerehouse.org). Thank you for your interest in Steere House.