



ADMISSION FORM

BEFORE COMPLETING THIS FORM, PLEASE COMPLETE THE INTAKE EVALUATION FORM AND FAX THE COMPLETED FORM TO OUR OFFICE AT (207) 342-3731.

Estimated Date of Admission: _____

Name of Child: _____ Date of Birth: _____ Social Security Number: _____

Complete Address of Child: _____
Street/City/State/Zip

Place of Birth: _____ Ironwood referred to you by: _____
City/County/State

Sex: ☐ Male ☐ Female Race: _____ Religion: _____
Please Check One

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Child resides with: _____

Legal Guardians:

☐ Parents ☐ Mother ☐ Father ☐ Grandparent ☐ Other _____
Please Check One

Parent Marital Status: ☐ Married ☐ Divorced ☐ Remarried
Please Check One

Guardian(s) name: _____

Guardian(s) address: _____
Street/City/State/Zip

Guardian(s) home telephone number: _____ Work: _____

Guardian(s) other contact telephone numbers: Fax: _____ Cell: _____

E-mail address: _____

Guardian (s) Date of Birth _____ Social Security Number _____

Guardians(s) Date of Birth _____ Social Security Number _____

Emergency Information: (when legal guardian is not available)

Name: _____ Relationship to Child: _____

Address: _____
Street/City/State/Zip

Home telephone number: _____ Work: _____ Other: _____

Fax: _____ E-mail address: _____

Medical Alerts:

List all known allergies: _____

List any medical issues that the Ironwood staff should be aware of: _____

BIN # _____ PCN # _____ Telephone # for Member Svcs _____

BIN # _____ PCN # _____ Telephone # for Member Svcs _____

BIN # _____ PCN # _____ Telephone # for Member Svcs _____

Child's shoe size: _____ Child's hat size: _____

[illegible]

Responsible Billing Party: (if different from legal guardian)

Name: _____ Relationship to Child: _____

Address: _____
Street/City/State/Zip

Home telephone number: _____ Work: _____ Other: _____

Fax: _____ E-mail address: _____

The following documents must accompany this form before admission can take place:

Birth Certificate	Custody and Legal Guardianship Documents (if applicable)
Copy of Child's Social Security Card	Signed Power of Attorney
Signed Placement Agreement	Copy of last Dental Exam
Copy of Medical/Dental/Prescription Card(s)	Immunization Records (TB, Hepatitis B, and Tetanus)
Authorization to Release Health Care Information	
Any Medical Prescriptions include a copy of the Prescribing Physicians Orders and all Releases	

For office use Only

Admission Date: _____ Discharge Date: _____