

Forms Provided To Next Level Of Care Provider /Prescriber



Patient: BLAYK, BONZE ANNE ROSE  
A00082793308 M000597460  
05/01/1956 60 F  
Ehmke, Clifford BSU 202-01

To: \_\_\_\_\_

To: Tompkins County mental health

To: \_\_\_\_\_

Admitting H&P

Physician Admission Note

Psychological Testing

Consults: \_\_\_\_\_

Discharge Note

Discharge Summary (to include recommendations for next level of care provider & indications/dosages for medications)

Discharge Instructions

Other documents: home medication list

Transmission of record via:

U.S. Mail: Address: \_\_\_\_\_

Email

Fax: # 274-6224

Receiving Provider has EMR Access

Ambulance Transport Personnel

Hand Delivered to Provider/Prescriber

Transmitted by: Kelly Gray

Date/Time: 2/10/17 @ 1415



Date: 12/25/16  
 Acct Num: A00082793308  
 Med Rec Num: M000597460  
 Name: BONZE ANNE ROSE BLAYK  
 Location: BEHAVIORAL SERVICES UNIT  
 Primary Provider: Ehmke, Clifford

## Patient Instructions Signature Page

**Patient Name:** BONZE ANNE ROSE BLAYK

**Guardian Name:**

**The above-named patient and/or guardian has received the following patient instructions:**

**on this date:** 02/10/17 - 09:35

**I have read and understand the instructions given to me by my caregivers.**

BONZE ANNE ROSE BLAYK

Print Patient Name

<i>Bonze Blayk</i>	2-10-17 1045
Patient (or Guardian) Signature	Date
<i>SEA, RN</i>	2-10-17 1045
Caregiver/RN/Doctor Signature	Date