



Pre-Admission Questionnaire

Kaleida Health, Pre-Registration Call Center
726 Exchange Street, Suite 208, Buffalo NY, 14210

Please print all information clearly.

REASON FOR ADMISSION						
SCHEDULED ADMISSION DATE		ADMITTING PHYSICIAN			PEDIATRICIAN	
PATIENT NAME (Last, First, Middle)			PATIENT'S SOCIAL SECURITY NUMBER		RELIGION	RACE
		SEX	AGE			
ADDRESS (Street Name and Number)				CITY		STATE
		ZIP				
PHONE NUMBER		EMERGENCY PHONE NUMBER		PATIENT'S PLACE OF BIRTH (CITY)		DATE OF BIRTH
			ANY PRIOR LAST NAME FOR PATIENT			
FATHER'S NAME (Last, First, Middle)				FATHER'S SOCIAL SECURITY NUMBER		FATHER'S DATE OF BIRTH
FATHER'S ADDRESS IF DIFFERENT			CITY		STATE	ZIP
			FATHER'S PHONE NUMBER			
MOTHER'S NAME (Last, First, Middle)			MOTHER'S MAIDEN NAME		MOTHER'S SOCIAL SECURITY NUMBER	
		MOTHER'S DATE OF BIRTH				
MOTHER'S ADDRESS IF DIFFERENT			CITY		STATE	ZIP
			MOTHER'S PHONE NUMBER			
IF PARENTS ARE DIVORCED OR SEPARATED, WHO HAS CUSTODY? <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER				IF PARENTS ARE DIVORCED OR SEPARATED, WHO HAS FINANCIAL RESPONSIBILITY? <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER		
DOES SOMEONE OTHER THAN PARENT HAVE LEGAL CUSTODY OF THE PATIENT? <i>If so, please indicate below:</i>						
NAME				ADDRESS		
DOES THE PATIENT HAVE MEDICAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES THE PATIENT HAVE DENTAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ADDRESS OF INSURANCE PLAN:		
TYPE OF MEDICAL INSURANCE FOR PATIENT				TYPE OF DENTAL INSURANCE FOR PATIENT		
WHO CARRIES THIS INSURANCE? (Name of subscriber)				RELATIONSHIP TO PATIENT		
ADDRESS FOR SUBSCRIBER IF DIFFERENT				CITY		STATE
				ZIP		
INSURANCE I.D. NUMBER OR SUBSCRIBER SOCIAL SECURITY NUMBER			GROUP NUMBER		AUTHORIZATION NUMBER	
MEDICAID I.D. NUMBER (If applicable)			SEQUENCE NUMBER			
COMMENTS						
<p>If you are not sure that your insurance company requires a referral or pre-certification, please call the provider relations department of your insurance company.</p> <p>If you have any questions or would prefer to pre-admit by phone, please contact the call center at (716) 859-1234 or fax (716) 859-8545.</p>						