ADMIT DATE:___________________________

INPATIENT PREADMISSION DATA FORM

SDK - PROG GCRC

General Clinical Research Center (Robert Sherwin, MD, Program Director)

CHECK UNIT

_____Pediatric 7-4 (Fax 203 688-3841) _____Adult 10-6 (Fax 203 688-3100)

Preadmission form to be filed with secretary **3 days prior to admission**. **If there are any questions, call the CGRC: pediatric secretary (203 688-2332) adult secretary (203 688-4106).**

Admission Time: ______a.m. ______ p.m.

Length of stay **(No. of nights)** _____________

Patient Name:_______________________________________
Last name First name

Unit #____________________________________

Date of birth:____________________________

Please list maiden name:____________________________

Place of Birth:____________________________

Patient's Gender: M / F (Circle)

Address:____
Street City State Zip

Telephone: Home (________)________________________

Work (_____)_____________**(be sure to list)**

Ethnicity:
- ❒ Hispanic or Latino
- ❒ Not Hispanic or Latino

Race: **(check all that apply)**
- ❒ American Indian or Alaskan Native
- ❒ Asian
- ❒ Black or African American
- ❒ White
- ❒ Native Hawaiian or Other Pacific Islander
- ❒ More than one Race

Primary Physician:____
Last name First name

Attending / Responsible Physician:_______________ **Tel. #**_________________ **Pager #**______________

Service: ❒ Pediatric ❒ Medicine

Diagnosis (if applicable)___________________________
(No Abbreviation)

Person to be notified in case of an emergency:

Name:____ Phone Number:_________________________________

Relationship:__________________________________

Address:____
Street City State Zip

HIC Protocol #_________________________ **Person conducting study:**________________________________

PI fax# for GCRC Confirmation of admission____________

Investigator: Please check off any box that will be completed prior to GCRC admission.

CONSENT SIGNED? ❒ Yes ❒ No **HIPAA RAF** ❒ Yes ❒ No **NOPP** ❒ Yes ❒ No

Form submitted by:____________________________ **Date:**_______________________________________