

Inpatient/Skilled Nursing Preference

Patient Name: _____

Chart #: _____ DOB: ____ / ____ / ____

An MJHS Hospice staff member will be able to provide you with the latest list of Inpatient Units and Skilled Nursing Facilities that we are contracted with to provide your care.

In the event of an emergency and a need to provide a **General Inpatient Level of Care** my preference is to be transferred to the following Inpatient Units:

Inpatient Units (please list in order of preference):

1. _____
2. _____
3. _____
4. _____
5. _____

Should long-term care be required during the course of my treatment, my preferences are (please list in order of preference):

Skilled Nursing Facility: (please list in order of preference)

1. _____
2. _____
3. _____
4. _____
5. _____

Although it may not always be possible, MJHS Hospice will do its best to transfer you to the Unit or Skilled facility of your choice.



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