

# TIDEWELL CONNECT ADMISSION PACKET CHECKLIST

(PLEASE PRINT)

PATIENT NAME:

PATIENT NUMBER:

## **Tidewell Connect Admission**

- Tidewell Connect Consent for Care
- Tidewell Connect Election Form
- Advance Directives Patient Acknowledgment
- Do Not Resuscitate Order (physician signed)
- Financial Assessment Worksheet
- Other \_\_\_\_\_