



**ADMISSION ELOPEMENT ASSESSMENT**

**Policy & Procedure**

I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Review Dates: \_\_\_\_\_

SAMPLE

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*This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.*