

Fulfilling Our Promise



Steere House

NURSING & REHABILITATION CENTER

Pre- Surgical Short Term Rehabilitation Admission Inquiry

To better serve you, please take a moment to complete this form regarding your upcoming surgery and your wish to come to our Transitional Care Unit (TCU) at Steere House Nursing & Rehabilitation Center.

Patient Name: _____

Phone Number: _____

Family Contact Name: _____

Relationship to Patient: _____

Phone Number: _____

Type of Surgery: _____

Physician: _____

Hospital: _____

Date of Surgery: _____

Estimated Hospital Discharge Date (following surgery): _____

Insurance Provider: _____

Insurance ID Number: _____

Please return this completed form to the attention of Stephanie Dean, Admissions Coordinator, at the address below or by email at sdean@steerehouse.org. Thank you for your interest in Steere House.