



100 Borden Street, Providence, RI 02903
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www.steerehouse.org

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 at Steere House Nursing & Rehabilitation Center.

Patient Name: _____

Phone: _____

Family Contact Name: _____

Phone: _____

Type of Surgery: _____

Physician/Hospital: _____

Date of Surgery: _____

Estimated Hospital Discharge Date (following surgery): _____

Insurance Provider: _____

Insurance ID Number: _____

Please mail, email or fax your completed form to Steere House Nursing & Rehabilitation Center to the attention of Denise Trimble R.N.C., Admissions Coordinator.

Email address: dtrimble@steerehouse.org

