



## New Patient Fax Cover Sheet

Please complete the information below and use this page as your fax cover sheet when sending new Twin Cities patient admission paperwork (all fields must be completed)

Name of Community: \_\_\_\_\_

Resident Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Room #: \_\_\_\_\_ Date Resident Expected: \_\_\_\_\_

Notes: \_\_\_\_\_

### Please check one and send the related documents:

- Rehab/TCU     Long-Term Care     Assisted Living     Independent Living  
• Nursing Management?  
Y / N

### Please Fax or Email the following:

- Facesheet                       POA paperwork  
 Insurance                       History & Physical  
 SSN                                 Discharge Summary  
 Current Med List               Past 6 mon Labs
- Check if patient is enrolled in hospice

### Please Send Patient Information to:

Fax: 763.312.1800 OR Email: [newadmit@mytcp.org](mailto:newadmit@mytcp.org)

Do you have any questions? Call the TCP Admissions team at **763-951-0909**  
Interested in submitting new patient forms electronically? Ask us about our Google Form!