

## 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     Treatment consent  
 Insurance card     History & Physical     ABN  
 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!