# **Hospital Admission Checklist**

Dear [Patient's Name],

Welcome to [Hospital Name]. To ensure a smooth admission process, please review the following checklist:

#### **Patient Information**

- Valid identification (ID card, driver's license, etc.)
- Health insurance information
- Referral letter (if applicable)

## **Medical History**

- List of current medications
- Allergies and adverse reactions
- Personal medical history
- Family medical history

## **Personal Items**

- Comfortable clothing
- Personal toiletries
- Any assistive devices (glasses, hearing aids, etc.)

## **Support and Transportation**

- Arranged transportation to the hospital
- Visitor information (if necessary)

If you have any questions, feel free to contact our admissions department at [Phone Number].

We look forward to providing you with the best possible care.

Sincerely,

[Hospital Name]

[Contact Information]