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To the Person in Receipt of this Packet:

**ALL OF THE FORMS** in this packet **must be signed by an MD**, this is required by the NY State Department Of Health.

For the DSS4449c form, the med list can be printed separately, and on the form, itself write “see attached”. However, **EACH PAGE of the med list or each additional page beyond the form itself must be signed by the MD.** This becomes the orders for our staff to follow, and is a requirement by the state for the MD signature. The signature must also be legible or have the name printed next to it so that it is known who the MD is that signed.

On the DSS4449c form on the 2<sup>nd</sup> page the question regarding mental health assessment, if the is marked yes, a mental health evaluation must be completed, on a specific form. If this form has not already been supplied to you, please contact me and let me know that it is needed and I will send this form to you as soon as possible.

**The forms included in this packet are:**

DSS4449c

**\*Request when needed:** If the mental health assessment question on page 2 is marked yes, the Mental Health Evaluation is needed

Diet explanation

PPD form for medical evaluation

MD Admit Letter – this lets you know where to send prescriptions prior to admission and confirms that the patient is being admitted to Hilton East

**LIVING WELL *starts with* LIVING HERE**