

OASIS ITEM:
<p>(M0040) Patient Name:</p> <p>_____</p> <p>(First) _____ (MI) (Last) _____ Suffix)</p>
DEFINITION:
<p>The full name of the patient: first name, middle initial, last name, and suffix (e.g., Jr., III, etc.).</p>
TIME POINTS ITEM(S) COMPLETED:
<p>SOC (Patient Tracking Sheet) and updated if change occurs during the episode.</p>
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> • Enter all letters of the first and last names, the middle initial, and the abbreviated suffix. Correct spelling is important. • If no suffix, leave blank. If middle initial is not known, leave blank. • The name entered should be the patient's legal name, even if the patient consistently uses a "nickname." • The sequence of the names may be reordered (i.e., last name, first name, etc.), if desired.
ASSESSMENT STRATEGIES:
<p>Use the same name as found on the patient's Medicare card, private insurance card, HMO identification card, etc.</p>