

PHYSICAL FINDINGS

HEAD, NECK, CHEST, CARDIOVASCULAR, ABDOMEN, SKIN, BONES

PROGRAM PERMISSIONS:

PLEASE CHECK THE FOLLOWING ITEMS AS APPLICABLE:

 While at ADH may have Tylenol 325 mg/PRN/PAIN

 While at ADH may have Tylenol 650 mg/PRN/PAIN

 While at ADH may have Tylenol 500 mg/PRN/PAIN

 While at ADH may have Tylenol 1000mg/PRN/PAIN

 MAY ATTEND OUTINGS WITH STAFF

 MAY PARTICIPATE IN DAILY ACTIVITIES INCLUDING ROM EXERCISE

 MAY OMIT DIETARY RESTRICTIONS ON OCCASION

ORDERS FOR PT, OT AND OR SPEECH THERAPY ON PREMISES

My signature indicates that I have seen this patient in the past 90 days and recommend that they attend adult day health.

Physician Signature:

_____ **Date:** _____

Printed name _____

Phone number _____

HOME AWAY FROM HOME ADHC

We appreciate your taking time to fill out this form, it is necessary for admission to adult day health. If your practice uses EHR/EMR for medical history, a print out is acceptable as long as it contains the information below and your signature is required.

Physician's Physical and Health Review Form

Participant's Name _____ D.O. B. _____

Address: _____

Recent TB Skin Test or Chest X-Ray Required Prior to Admission

PPD Results: Date: _____ Negative: _____ Positive: _____

Chest X-Ray Results: _____ Date: _____

Allergies Food/Medicine _____

Medical Diagnosis (ES):

Current Medications

Vital Signs:

BP: _____ P: _____ R: _____ DIET: _____ WEIGHT: _____

Bladder Incontinence: YES/NO _____ Bowel Incontinence: YES/NO _____