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Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Exam Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

BP: \_\_\_\_\_ HR: \_\_\_\_\_

RR: \_\_\_\_\_ GLUCOSE: \_\_\_\_\_

Medical HX + DX: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Abnormalities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Precautions/Contraindication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Systems Review:** Respiratory  CV

Digestive Endocrine Neuro Psych

Immune Skin Excretory Vision

Msc - Skeletal Sensory Auditory

Cognition \_\_\_\_\_

Allergies \_\_\_\_\_

Diet \_\_\_\_\_

Current Medications:	Dosage / Schedule
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Allowable PRN meds: Dosage / schedule (Center will use standard dosage if none provided)

Acetaminophen \_\_\_\_\_

Ibuprofen \_\_\_\_\_

ASA \_\_\_\_\_

Imodium \_\_\_\_\_

Antacid \_\_\_\_\_

Barrier Cream Antibiotic Cream

OTHER: \_\_\_\_\_

TB Skin Test administered: \_\_\_\_\_

read: \_\_\_\_\_ Result: \_\_\_\_\_

Reviewed by RN or Physician.

\_\_\_\_\_ Positive PPD or history of TB. Attached CXR report indicating no current TB. Date CXR: \_\_\_\_\_

**Emergency Procedures:** Administer

ASA \_\_\_\_\_ mg. with acute chest pain.

Oxygen 2 liters, with O2 sat. less than 88.

Other: \_\_\_\_\_

**Therapy Evaluation:**  PT  OT

**I have examined the above mentioned patient and find that patient:**

Is not in need of hospital care or bed rest during the day. Is free from communicable disease/infections and behaviors that could endanger themselves, other participants, or the staff. May attend the Adult Day Program.

Is not in need of hospital care or bed rest during the day. Is free from behaviors that could endanger themselves, other participants, or the staff. Has a communicable disease but with following precautions to prevent the spread of the disease to others (precautions) \_\_\_\_\_ may attend Adult Day Program. (provided within extent of confidentiality laws)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ 12.11