

340 Rancheros Drive, Suite 196 San Marcos, CA 92069 Tel: (760) 682-2424 Fax: (760) 471-5104

HEALTH RECORD

Address: DOB: Date examined by MD: Telephone: Consent for Release of Information I, the undersigned, herby consent to and authorize release of any and all medical, social, psychiatric, neurological and other information to AmeriCare ADHC Adult Day Health Care Center for inclusion in the individual's record. PRIMARY DIAGNOSIS ICD9 SECONDARY DIAGNOSIS ICD9 CODE	Name:				a: ☐Male ☐ Female A	GE:
Consent for Release of Information I, the undersigned, herby consent to and authorize release of any and all medical, social, psychological, psychiatric, neurological and other information to AmeriCare ADHC Adult Day Health Care Center for inclusion in the individual's record. Signature of Participant:	Address:					
Consent for Release of Information I, the undersigned, herby consent to and authorize release of any and all medical, social, psychological, psychological and other information to AmeriCare ADHC Adult Day Health Care Center for inclusion in the individual's record. Signature of Participant: PRIMARY DIAGNOSIS ICD9 CODE 1. 2. 3. 4. 5. 5. 6. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8.	T-11			Date exar	nined by MD:	
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5. 5. Current Medical Examination (within last 90 days prior to ADHC enrollment) General: Lungs: H.E.E.N.T.: Heart: Mouth: Abdomen: Thorax: Genitourinary: Breast: Musculoskeletal: Lymphatic: Rectal: Current Medications (Please print) Medication Dose Frequency Indication Drug Allergies: Food allergies: Any indication of Communicable Disease? Results for TB				+		
Lungs: H.E.E.N.T.: Heart: Mouth: Abdomen: Thorax: Genitourinary: Breast: Musculoskeletal: Lymphatic: Rectal: Rectal:						
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H.E.E.N.T.:		ttion (within last 90	days prio		ment)	
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Thorax: Genitourinary:						
Breast:					••	
Lymphatic: Rectal: Current Medications (Please print) Medication Dose Frequency Indication Indication Indication Indication				· ·		
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Last PPD Test: Last Chest X-Ray: Results for TB	Any indication of Commun	nicable Disease?				
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HEALTH RECORD (Continued)

<u>Ambulation</u>						
☐ Ambulatory ☐ Non-Ambulatory ☐ Ambulate	es with Assistance					
□No Devices □Cane □Quad Cane □Walker	□Wheelchair					
<u>Vitals</u>						
	Dlood Draggyman					
Weight: Height: Temperature:						
Heart Rate: (R): (AP): History of Seizures: □y	es 🔲 no					
<u>Diet and Nutrition</u>						
Regular(Our regular diet is a Low fat/low cholesterol Lib	eral Diabetic (diet dessert, no					
NAS, 2-4g max diet.) sugar added)						
Other (Please Specify)						
I authorize my patient to be served a regular diet up to 2X per month for special events \underline{X} yes $\underline{\hspace{0.5cm}}$ no						
OTC Medications						
These medications will remain current during the participants' enrollment at Americare unless DC'd by MD.						
For mild pain, stomach upset, coughing or intestinal distress, my patient may be	given the following:					
Pain Stomach upset/Intestinal D						
Tylenol 500mg., 2 tablets Q 8 hours PRN Antacid, 30cc, q 4 hours PRN stomach upset						
headache, pain or temp >99degrees						
	30 cc, PRN QD constipation					
Robitussin or equivalent 30cc, q4hr prn cough Pepto Bismol, 30 ml	., q 30-60 min, PRN diarrhea					
	ADIIG I I I					
Is there any significant medical history and allergies the America	re ADHC needs to know?					
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	TO TIDITE WOODS TO MITOW.					
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Special Orders						
All participants attending AmeriCare ADHC Adult Day Health Care Cen	ter will have their BP monitored by					
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All participants attending AmeriCare ADHC Adult Day Health Care Centhe Nurse. Diabetics will have a RBS check. Our Nurse will recheck any of	ter will have their BP monitored by abnormal readings and notify you of					
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