

HEALTH RECORD

Name: _____ GENDER: Male Female AGE: ____
 Address: _____ DOB: ____
 Telephone: _____ Date examined by MD: _____

Consent for Release of Information

I, the undersigned, hereby 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: _____ Date: _____

PRIMARY DIAGNOSIS	ICD9 CODE	SECONDARY DIAGNOSIS	ICD9 CODE
1.		1.	
2.		2.	
3.		3.	
4.		4.	
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? _____

Last PPD Test: _____ Last Chest X-Ray: _____ Results for TB _____

I approve an order for the ADHC RN to administer the PPD Test yes no

HEALTH RECORD (Continued)

Ambulation

- Ambulatory Non-Ambulatory Ambulates with Assistance
 No Devices Cane Quad Cane Walker Wheelchair

Vitals

Weight: _____ Height: _____ Temperature: _____ Blood Pressure: _____
 Heart Rate: (R): _____ (AP): _____ History of Seizures: yes no

Diet and Nutrition

- Regular (Our regular diet is a Low fat/low cholesterol NAS, 2-4g max diet.) Liberal Diabetic (diet dessert, no sugar added)
 Other (Please Specify)

I authorize my patient to be served a regular diet up to 2X per month for special events X yes ___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
<input type="checkbox"/> Tylenol 500mg., 2 tablets Q 8 hours PRN headache, pain or temp >99degrees
<input type="checkbox"/> Ibuprofen 200mg 2 tab. Q 6 hrs. prn pain
<input type="checkbox"/> Robitussin or equivalent 30cc, q4hr prn cough | Stomach upset/Intestinal Distress
<input type="checkbox"/> Antacid, 30cc, q 4 hours PRN stomach upset
<input type="checkbox"/> Laxative (M.O.M), 30 cc, PRN QD constipation
<input type="checkbox"/> Pepto Bismol, 30 ml., q 30-60 min, PRN diarrhea |
|--|--|

Is there any significant medical history and allergies the AmeriCare ADHC needs to know?

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Special Orders

All participants attending AmeriCare ADHC Adult Day Health Care Center will have their BP monitored by the Nurse. Diabetics will have a RBS check. Our Nurse will recheck any abnormal readings and notify you of any significant changes when patient is

Symptomatic w/RBS ↓70 & ↑300 and Symptomatic w/ BP ↓90/50 & ↑160/90 or at discretion of RN

Other Orders: _____

Transportation

Normal transit time is 1 hour. Are there any contradictions to ride longer than 1 hour?

- Yes No If "Yes," please explain: _____

Physician's Request/Recommendation

<input checked="" type="checkbox"/> <i>I request/recommend my patient to attend AmeriCare Adult Day Health Care for the next 180 days. This includes having Nursing, PT, OT, ST, RD, SW & Activities assessments & treatments as indicated for maintenance and/or restorative purposes. In addition, nurses may dispense any daytime medications that are prescribed for my patient at the center.</i>	
Physician's Signature:	Date:
Printed Name:	Specialty:
Address:	Phone:
	Fax: