

PHYSICIAN'S REPORT FOR ASSISTED LIVING HOME

FOR RESIDENT / CLIENT OF, OR APPLICANT FOR ADMISSION TO, HOME CARE FACILITIES

Our Facilities The Pines: (928) 526-1876 Pine Meadows Ranch: (928) 522-8622	Main Office: Phone: (928) 635-6750 Fax: (928) 635-6751 688 S. Garland Prairie Rd Williams, AZ 86046 Download this form at www.FlagstaffCareHomes.com
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NOTES TO PHYSICIAN:

- The person specified below is a resident / client of or an applicant to a licensed Assisted Living Home
- These types of facilities are currently responsible for providing the level of care and supervision, primarily nonmedical care, necessary to meet the needs of the individual residents / clients.
- THESE FACILITIES DO NOT PROVIDE PROFESSIONAL NURSING CARE.
- The information that you complete on this person is required to assist in determining whether he/she is appropriate for admission to or continued care in our facilities. We will also use this information to help us give them the best daily care within our power.

RESIDENT / CLIENT INFORMATION

Name	Date of Birth	Social Security Number
Street Address	City	State
	Zip	Telephone
AUTHORIZED FOR RELEASE OF MEDICAL INFORMATION (To be completed by person's authorized representative)		
I hereby authorize the release of medical information contained in this report regarding the physical examination of:		
Patient Name		
To (Name and Address of Licensing Agency)		
Signature of Resident/Potential Resident and/or His/Her Authorized Representatives		

PATIENT'S DIAGNOSIS (To be completed by the Physician)

Primary Diagnosis				
Secondary Diagnosis				
Age	Sex	Height	Weight	In your opinion, does this person require skilled nursing care
Date of Last Tuberculosis Test	TB Results (Circle One)		Treatment Needed (If Yes, see next line)	
	None Inactive Active		Yes No	
Explain Type of Treatment Needed				
List Any Contagious Diseases				
List Any Allergies				
Patient Ambulates With (Circle One)				
Unassisted Cane Quad Cane Walker Wheelchair Other (explain):				

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The Pines Assisted Living Home

Physicians Routine Orders

Constipation:

Milk of Magnesia

30 ml by mouth

Every day if no BM

GI Upset:

Mylanta

30 ml by mouth

3x daily as needed

Diarrhea:

Kaopectate

30 ml by mouth

3x daily as needed

Pain:

Tylenol

650 mg. by mouth

If no allergy to Tylenol
every 6 hours as needed

Fever:

Tylenol

650 mg. by mouth

If no allergy to Tylenol
every 6 hours as needed for
temp over 100 degrees.

Resident Name: _____

Allergies: _____

Physician Printed Name: _____

Physician Signature: _____ Date: _____

The Pines: 6103 E. Abineau Canyon
Flagstaff, AZ 86004
Phone 928-526-1876

The Pines Assisted Living Home

Physician's Consent for Administration of Medication

To Whom It May Concern:

I authorize the certified caregivers from The Pines Assisted Living Home to assist with self-administration and/or administration for (patient name) _____ on a daily basis.

I also authorize the certified caregiver and/or manager to place the medications in a mediset on a weekly basis as needed.

Physician's Printed Name: _____

Physician's Signature: _____ Date: _____

The Pines Assisted Living Home
6005 E. Abineau Canyon Dr.
Flagstaff, AZ 86004
Phone: 928-526-1876

The Pines

Current Tuberculosis Test Results

Patient Name: _____

Testing Location: _____

Date of Test: _____ Date Read: _____

Test Results: Negative Positive

I verify that the test results for the above named patient are true:

Printed Name of Medical Practitioner _____

Signature: _____ Date: _____