WESTON ADULT DAY CARE CENTER
1 Bassett Avenue
New Castle, DE 19720
WestonAdultDayCare@aol.com
(302) 328-6425 – Phone (302) 328-6422 - Fax

History and Physical

Participant's Name: _____ Date: _____

BP: _____ P: _____ Resp.: _____ Temp: _____ Hgt: _____ Wgt: _____

Diagnoses, Significant History and/or Surgery:_____

_____

_____

Allergies_____

Date of TB testing or chest x-ray: _____Result:_____(Must be within one year of admission)

Is the participant free of communicable disease? ❒ yes ❒ no: _____

Will a secure adult day care setting be adequate to meet your patient's day time needs? ❒ yes ❒ no

Please identify any risk factors that may present a danger to self or others: _____

_____

_____

Requires supervision with: ❒ Toileting ❒ Eating ❒ Ambulating ❒ Transferring

Please list any abnormal findings:

HEENT:	GU:
Neurological/Psychiatric:	Musculoskeletal:
Respiratory:	Infectious Disease:
Cardiac:	Other:
GI:	

Please describe any physical or mental limitations or activity restriction: _____

_____

_____

_____

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Medication and/or Treatment Orders:
Standing Orders Please check any order which you would like followed at the center:
❒ Tylenol 650 mg PO Q4 hours PRN for Pain
❒ Antacid tablet(s) per package direction PO Q4 hours PRN for indigestion
❒ Benadryl 25 mg PO Q4 hours PRN for allergy symptoms
❒ Guaifenesin syrup (5cc/100mg) 10 cc PO Q4 hours PRN for cough
❒ Cleanse, dry, apply TAO, dry dressing PRN for Skin Tear

Physician Signature_____ Date: _____

Telephone: _____Fax: _____