

Adult Day of Dunwoody
One Dunwoody Park
Suite 123
Dunwoody, GA 30338

Physician's Evaluation Form

Name: _____ Birthdate: _____

Address: _____ Phone #: _____

Diagnosis, chronic illnesses and impairments: _____

*BP: _____ *Pulse: _____ *Weight: _____

<u>Medications</u>	<u>Dosage</u>	<u>Frequency</u>

Can client administer own medication? Yes _____ No _____ If no, please comment _____

Date of last Tetanus Toxoid (within last 10years) _____

Allergies (food, drug or NKA): _____

May applicant take 1-2 tablets of Tylenol q4 hrs/prn? Yes _____ No _____

May applicant take Maalox 30 cc/Tums 1-2 q4 hrs/prn? Yes _____ No _____

TB test result: **Negative** _____ **Positive** _____ **Date:** _____

(All prospective clients must have a current TB test before admission to the Adult Day of Dunwoody.)

Diet (Please circle appropriate diet for this client):

Regular Low Cholesterol Low Salt 1500 Calorie/Diabetic

Special Considerations/Precautions/Comments: _____

I hereby certify that the above day service plan is medically necessary and is approved by me:

Physician's Name (PRINT)

Physician's Signature Date

Physician's Address Phone Number

*Please complete all items to expedite initiation of services. Thank you.