



**Physical Exam:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ RR \_\_\_\_\_ Temp \_\_\_\_\_

Skin WNL Other \_\_\_\_\_  
 Eyes WNL Other \_\_\_\_\_  
 Ears  WNL  Other \_\_\_\_\_  
 Nose  WNL  Other \_\_\_\_\_  
 Throat  WNL  Other \_\_\_\_\_  
 Mouth  WNL  Other \_\_\_\_\_  
 Neck  WNL  Other \_\_\_\_\_  
 Breasts  WNL  Other \_\_\_\_\_  
 Heart  WNL  Other \_\_\_\_\_  
 Lungs  WNL  Other \_\_\_\_\_  
 Abdomen  WNL  Other \_\_\_\_\_  
 Back & Spine  WNL  Other \_\_\_\_\_  
 Neurologic  WNL  Other \_\_\_\_\_  
 Extremities  WNL  Other \_\_\_\_\_

**\*Diagnosis:** \_\_\_\_\_

**Physician Orders:**

**Diet:**  No Restrictions  No Added Salt  No concentrated Sweets  
 Other – Specify: \_\_\_\_\_

**Medications:**

| Medication | Dosage | Frequency | Medication | Dosage | Frequency |
|------------|--------|-----------|------------|--------|-----------|
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**Routine Orders: Approve by placing an “X” in box for each Rx.**

- Fever or Pain - Acetaminophen 325mg – 2 tabs PRN q 4hr,  
NOTIFY physician for temperature over 100° or no pain relief.
- Dyspepsia - Mylanta or Maalox – 2 TBSP PO PRN Repeat q ½ hr x 3 doses,  
Call physician if no symptom relief
- Diarrhea - Clear liquids, Imodium AD 4mg (20cc), after first episode.  
After subsequent episodes – call physician.

See attached form for specific diabetes care.

Patient’s medical condition and related needs may be appropriately met in adult day services.

Use of Medical Treatments or Therapies?  Yes  No  
 Is there medical information pertinent to diagnosis and treatment in case of emergency?  Yes  No

If yes, please describe

Physician Name: \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature/stamp \_\_\_\_\_

Date \_\_\_\_\_

