

4234 N Freeway Blvd., Ste 500, Sacramento, CA 95834, Phone: 916-648-3999 Fax: 916-648-1919

hone Number: ddress: City: Zip: IAGNOSES/CONDITIONS (Complete or attach Electronic Health Record) Immary Diagnosis (Required): euro / Cognitive	DIAGNOSES/CONDITIONS (Complete or attach Electronic Health Record) Primary Diagnosis (Required): Neuro / Cognitive Alzheimer's Disease Cognitive Impairment CVA Dementia Other: Other: Other: Musculoskelet. Diabetes Mellitus: Type 1 Hyperlipidemia Hyperthyroidism Hypertipidemia Hyperthyroidism Hypertipidemia Hyperthyroidism Retinopathy Neuropathy Other: Chronic Bronchitis COPD Emphysema Other: Other: Behavioral Health Other Conditio Depression PTSD Skin Breakdo Neuropathy Macuoma Skin Breakdo Neter: Gastrointe PHYSICAL EXAMINATION (Complete or attach Electronic Health Record) <th>E / COMMUNITY BASED ADU</th> <th>LT SERVICE</th>	E / COMMUNITY BASED ADU	LT SERVICE
ddress: City: Zip: IAGNOSES/CONDITIONS (Complete or attack Electronic Health Record) Immary Diagnosis (Required): euro / Cognitive Cardiovascular Alzheimer's Disease Cognitive Impairment Arfriythmia Arking Dementia CACBG Other: Other: Other: Developmentaliy Disabled Neuropathy HTN Parkinson's Disease Seizures Other: Indecrine / Metabolic Osteoarthitis Osteoporosis Indecrine / Metabolic Hyperipidemia Hyperipidemia Joint Replacement Hyperipidemia Hyperipidemia Distribution Osteoarthitis Osteoporosis Bretinopathy Neuropathy Other: Other: Other: Ummonary / Respiratory Gastrointestinal / Genitourinary Chronic Kidney Disease Onther: OOPD Emphysema Other: Other: Other: Astima Chronic Back Pain Distarge additions Insomnia Other: Gastrointestinal / Genitourinary Insomnia Other: Other: Other: Other: Other: Ins	Address: City: DIAGNOSES/CONDITIONS (Complete or attach Electronic Health Record) Primary Diagnosis (Required): Neuro / Cognitive Cardiovascular Alzheimer's Disease Cognitive Impairment Arrhythmia CVA Dementia CAD Developmentally Disabled Neuropathy HTN Parkinson's Disease Seizures Other: Other: Other: Chronic Baci Diabetes Mellitus: Type 1 Type 2 Hyperthyroidism Neuropathy Other: Pulmonary / Respiratory Gastrointesting Retinopathy Nephropathy Other: Pulmonary / Respiratory Gastrointesting Other: Other: Other: Pulmonary / Respiratory Gastrointesting Other: Other: Other: Depression PTSD Schizophrenia Other: Other: Other: PHYSICAL EXAMINATION (Complete or attach Electronic Health Record) Incontin Respiratory Gastrointe Gastrointe Breast/Chest Integumer Musculosk <	DOB:	
IAGNOSES/CONDITIONS [Complete or attach Electronic Health Record] Immary Diagnosis (Required): euro / Cognitive Cardiovascular CARNOSES/CONDITIONS [Complete or attach Electronic Health Record] CARD Hyperthypoidism Neuropathy Chronic Band Chronic Bronchitis CARD CARD	MAGNOSES/CONDITIONS (Complete or attach Electronic Health Record) rimary Diagnosis (Required): teuro / Cognitive Cardiovascular Atheimer's Disease Cognitive Impairment Arrhythmia CVA Dementia CAD Developmentally Disabled Neuropathy HTN Parkinson's Disease Seizures Other: Other: Musculoskelet. Diabetes Mellitus: Type 1 Type 2 Indocrine / Metabolic Osteoarthrit Phyperlipidemia Hyperthyroidism Osteoarthrit Hypothyroidism Neuropathy Spinal Steno Retinopathy Nephropathy Other: Ulmonary / Respiratory Gastrointestina COPD Emphysema Chronic Live Other: Other: Other: Idaucoma Skin Breakdo Skin Breakdo Other: Cataracts Gastrointestina Other: Cataracts Gastrointe Depression PTSD Schizophrenia Glaucoma Other: Gastrointe Incontri Carardiovascular Musculosk		
rimary Diagnosis (Required): euro / Cognitive JAtheliner's Disease Cognitive Impairment Atheliner's Disease Cognitive Impairment CAThythmia A-Fib Anemia Angina Angina AFib Anemia Angina Angina CAD CAB CAB CAB CAB CAB CAB CAF Angina	rimary Diagnosis (Required): Intervery Cognitive Cardiovascular Atzheimer's Disease Cognitive Impairment CVA Dementia CVA Dementia CVA Dementia CVA Dementia CVA Dementia CVA Developmentally Disabled Parkinson's Disease Seizures Other: Other: Indocrine / Metabolic Musculoskelet Diabetes Mellitus: Type 1 Hyperlipidemia Hyperthyroidism Hypertipidemia Hyperthyroidism Hypertipidemia Hyperthyroidism Chronic Bronchitis Chronic Bronchitis COPD Emphysema Other: Other: Horn: Gastrointesting Cataracts Glaucoma Skin Breakde Skin Breakde Anxiety Agitation Bipolar Anxiety Agitation Bipolar Cataracts Glaucoma Skin Breakde Incontri terspiratory Genitourin Iterspiratory Genitourin	Zip:	
imary Diagnosis (Required): alxheimer's Disease C cognitive Impairment Cardiovascular Alxheimer's Disease Dementia Angina Developmentally Disabled Neuropathy HTN MI PVD Parkinson's Disease Seizures Other: Other: Other: Iddocrine / Metabolic Seizures Other: Other: Other: Other: Iddocrine / Metabolic Importipidemia Hyperthyroidism Osteoarthritis Spinal Stenosis Gout Stenosis Gout Hypothyroidism Neuropathy Spinal Stenosis Gout Chronic Kack Pain Joint Replacement Informary / Repliratory Ocher: Gastrointestinal / Genitourinary Chronic Kidney Disease Icore: Grano Grano Hemorrhoids PUD BPH UTI Other: Gastrointestinal / Genitourinary Chronic Kidney Disease Coronic Kidney Dise	imary Diagnosis (Required): euro / Cognitive Alzheimer's Disease Alzheimer's Disease Cognitive Impairment CVA Dementia CAD Developmentally Disabled Neuropathy Parkinson's Disease Seizures Other: docrine / Metabolic indects Mellitus: Type 1 Type 2 Chronic Bad Other: Undecrine Hypothyroidism Hypothyroidism Hypothyroidism Spinal Steno Costartit Hypothyroidism Spinal Steno Costartit Spinal Steno Costartit Corpo Chronic Bronchitis Corpo Costartit Spinal Steno Costartit Corpo Costartit Costartit Corpo Costartit Costart		
euro / Cognitive Cardiovascular Alzheimer's Disease Cognitive Impairment Arrhythmia A-Fib Anemia Angina CVA Dementia CABG CHF Developmentality Disabled Neuropathy HTN MI PVD Parkinsor's Disease Seizures Other: Interview CABG CHF Deters: Other: Chronic Back Pain Ioint Replacement Dotter: Hyperlipidemia Hyperthyroidism Reuropathy Spinal Stenosis Gout Gostrointestinal / Genitourinary Informary / Repiratory Gastrointestinal / Genitourinary Chronic Kidney Disease Chronic Kidney Disease I Other: Disease Other: Other: Other: I other: Castrointestinal / Genitourinary Chronic Kidney Disease Coronic Kidney Disease I other: Other: Castrointestinal / Genitourinary Chronic Kidney Disease Coronic Kidney Disease I other: Arrhyther Other: Difficulty Swallowing Insomnia I other: Arrhyther Other: Castrointestinal Castrointestinal I other: Incon	euro / Cognitive Cardiovascular Alzheimer's Disease Cognitive Impairment Arrhythmia CVA Dementia CAD Developmentally Disabled Neuropathy HTN Parkinson's Disease Seizures Other: Other: Other: Musculoskelet: Nadocrine / Metabolic Musculoskelet: Spinal Steno Nather Methabolic Musculoskelet: Spinal Steno Nephropathy Neuropathy Spinal Steno Netinopathy Nephropathy Other: Other: Chronic Bronchitis Chronic Live COPD Emphysema GERD H Other: Other: Other: Chronic Live Other: Other: Chronic Bronchitis Cataracts Other: Bipolar Other: Cataracts Other: Axity Agitation Bipolar Cataracts Depression PTSD Schizophrenia Gastrointe Other: Musculosk Aucoma Musculosk AlcD Pacemaker Musculosk Incontir		
Alzheimer's Disease Cognitive impairment Arrhythmia Arrhythythythythythythythythythythythythyth	Alzheimer's Disease Cognitive Impairment Arrhythmia CVA Dementia CAD Developmentally Disabled Neuropathy HTN Parkinson's Disease Seizures Other: Other: Type 1 Type 2 Diabetes Mellitus: Type 1 Type 2 Hyperlipidemia Hyperthyroidism Osteoarthrit Hyperlipidemia Hyperthyroidism Osteoarthrit Hyperlipidemia Neuropathy Spinal Steno Retinopathy Nephropathy Other: Other: Gastrointestina Asthma Chronic Bronchitis Chronic Isronchitis COPD Emphysema GERD Hu Other: Other: Other: Other: ehavioral Health Agitation Bipolar Cataracts Joperession PTSD Schizophrenia Gastrointestina Other: Gastrointe Incontri Incontri EENT Gastrointe Gastrointe Incontri Cardiovascular Musculosk Atcl Potentead Significant t		
I VA Dementia CAD CABG CHF Developmentally Disabled Neuropathy HTN MI PVD Parkinson's Disease Seizures Other: Interpretation Other: Inderine / Metabolic Musculoskeletal Option: Battern of the participation Interpretation Viportipidemia Hypertipidemia Hypertipidemia Option: Spinal Stenosis Gout Hypertipidemia Option: Chronic Back Pain Joint Replacement Viportipidism Neuropathy Option: Spinal Stenosis Gout Interrection Gastrointestinal / Genitourinary Gout Spinal Stenosis Option: Interrection Chronic Bronchitis Chronic Kidney Disease Chronic Kidney Disease Option: Interrection Option: Option: Option: Difficulty Swallowing Insomnia Interrection Depression PTSD Schizophrenia Gastrointestinal Insomnia Incontinence Bowel Espiratory Genitourinary Incontinence Bowel Espiratory Hysical Etation Musculoskeletal Incontinence Bo	CVA Dementia CAD Developmentally Disabled Neuropathy HTN Parkinson's Disease Seizures Other: Other: Other: Other: Didocrine / Metabolic Musculoskelet: Didobetes Mellitus: Type 1 Type 2 Prepripidemia Hyperthyroidism Osteoarthrit Retinopathy Neuropathy Other: Other: Gastrointesting Gastrointesting COPD Emphysema Other: Other: Other: Other: ehavioral Health Other: Other: Other: Gastrointesting Glaucoma Other: Goldaracts Glaucoma Other: Glaucoma Other: Pression PTSD Schizophrenia Glaucoma Other: Gastrointe Other: Incontin Itemed other treating MD, if known: Other: Other: Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Incontin Incontin Itespiratory Genitourin Genitourin Incontin		
Developmentally Disabled Neuropathy HTN MI PVD Parkinson's Disease Seizures Other: Other: Indocrine / Metabolic Musculoskeletal Dionic Back Pain Dionic Back Pain Indocrine / Metabolic Musculoskeletal Osteoarthritis Osteoprosis Hyperthyroidism Neuropathy Spinal Stenosis Gout Interimentary Neuropathy Osteoarthritis Osteoprosis Inter: Other: Other: Ummonary / Respiratory Gastrointestinal / Genitourinary Asthma Chronic Bronchitis Chronic Kidney Disease I Other: Other: Haxiety Agitation Bipolar I Other: Other: I Astivity Agitation Bipolar I Depression PTSD Schizophrenia I Other treating MD, if known: Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) EENT Gastrointestinal espiratory Gastrointestinal espiratory Gintourinary etendogical Significant Physical Limitations	Developmentally Disabled Neuropathy HTN Parkinson's Disease Seizures Other: Imdocrine / Metabolic Musculoskeleta; Other: Musculoskeleta; Dibatets Mellitus: Type 1 Type 2 Retinopathy Neuropathy Osteoarthrit Hyperlipidemia Hyperthyroidism Osteoarthrit Retinopathy Neuropathy Other: Other: Other: Gastrointesting Chronic Bronchitis Chronic Live COPD Emphysema Other: Other: Other: Other: Other: Other: Gastrointesting Other: Agitation Bipolar Cataracts Other: Gastrointe Glaucoma Other: Other: Other: Pepression PTSD Schizophrenia Glaucoma Other: Gastrointe Other: Incontir HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Incontir IEENT Gastrointe Incontir ardiovascular Musculosk AlcD Pace		
I Parkinson's Disease Geitzures Other: Jother: Musculoskeletal Jordexine / Metabolic Type 1 Type 2 Jubpetis Mellitus: Type 1 Other: Hypothyroldism Neuropathy Other: Hypothyroldism Neuropathy Other: Jettinopathy Nephropathy Other: January / Respiratory Gastrointestinal / Genitourinary GOPD Emphysema Other Conditions Astima Chronic Bronchitis Other Conditions Anxiety Agitation Bipolar Other Conditions Anxiety Agitation Bipolar Other: Anxiety Agitation Bipolar Gastrointestinal Other: Gastrointestinal Herring Loss Low Vision Spin Breakdown Aphasia Ataxia ame of other treating MD, if known: Other: Gastrointestinal EENT Gastrointestinal I	Parkinson's Disease Seizures Other: Other: Musculoskelet: Dideters Mellitus: Type 1 Type 2 Myperlipidemia Hyperthyroidism Osteoarthriti Hyperlipidemia Hyperthyroidism Spinal Steno Retinopathy Nephropathy Other: Ulmonary / Respiratory Gastrointestina: Chronic Live COPD Emphysema GERD Ht Other: Other: Other: Other: Idoter: Emphysema Gastrointestina: Glaucoma Other: Other: Other: Other: Other: Idoter: Anxiety Agitation Bipolar Other: Gastrointestina: Other: Other: Other: Other: Other: Other: Pepression PTSD Schizophrenia Glaucoma Glaucoma Other: Musculosk Incontir Incontir HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Incontir Incontir IEENT Gastrointe Gastrointe Incontir ardiovascular		
1 Other: Musculoskeletal indocrine / Metabolic Musculoskeletal indocrine / Metabolic Osteoarthritis 1 Hyperthyroidism Hyperthyroidism Hyperthyroidism Neuropathy Spinal Stenosis Gout Inter: Other: Unionary / Respiratory Gastrointestinal / Genitourinary 1 Sthma Chronic Bronchitis 1 Other: Other: unionary / Respiratory Gastrointestinal / Genitourinary 1 Sthma Chronic Bronchitis 1 Other: Other: ehavioral Health Other: 1 Anxiety Agitation 1 Anxiety Agitation 1 Other: Other: HYSICL EXAMINATION (Complete or attach Electronic Health Record) EENT Gastrointestinal espiratory Genitourinary Incontinence Bladder ardiovascular Musculoskeletal ALCD Pacemaker reast/Chest Integumentary Ieurological Significant Physical Limitations emp: Pulse: Resp Rate: BP:	Other: Musculoskeleta indocrine / Metabolic Type 1 Type 2 indocrine / Metabolic Chronic Bad indocrine / Metabolic Spinal Steno indocrine / Metabolic Spinal Steno indocrine / Metabolic Spinal Steno indocrine / Metabolic Osteoarthrit indocrine / Metabolic Osteoarthrit indocrine / Metabolic Osteoarthrit indocrine / Metabolic Osteoarthrit indocrine / Metabolic Neuropathy indocrine / Metabolic Osteoarthrit indocrine / Respiratory Gastrointestine indocrine / Respiratory Gastrointestine indocrine / Metabolic Chronic Bronchitis indocrine / Metabolic Other: indocrine / Metabolic Other: indocrine / Respiratory Gastrointestine indocrine / Metabolic Other: indocrine / Metabolic Gastrointestine indocrine / Metabolic Gastrointestine inter: Approximation inter: Musculost inter: Gastrointestine inter: Gastrointest		
ndocrine / Metabolic Image: Type 1 Image: Type 2 i/deters Mellitus: Image: Type 1 Image: Type 1 i/deters Mellitus: Image: Type 1 Image: Type 1 i/deters Mellitus: Image: Type 1 Image: Type 1 i/deters Image: Type 1 Image: Type 1 Image: Type 1 i/deters Image: Type 1 Image: Type 1 Image: Type 1 i/deters Image: Type 1 Image: Type 1 Image: Type 1 i/deters Image: Type 1 Image: Type 1 Image: Type 1 i/deters Image: Type 1 Image: Type 1 Image: Type 1 i/deters Image: Type 1 Image: Type 1 Image: Type 1 i/deters Image: Type 1 Image: Type 1 Image: Type 1 i/deters Image: Type 1 Image: Type 1 Image: Type 1 i/deters Image: Type 1 Image: Type 1 Image: Type 1 i/deters Image: Type 1 Image: Type 1 Image: Type 1 i/deters Image: Type 1 Image: Type 1 Image: Type 1 i/deters Image: Type 1 Image: Type 1 Image: Type 1 i/deters<	ndocrine / Metabolic Musculoskelet: Diabetes Mellitus: Type 1 Type 2 Diabetes Mellitus: Type 1 Chronic Back Hyperlipidemia Hyperthyroidism Osteoarthrit Pyperlipidemia Hyperthyroidism Spinal Steno Retinopathy Neuropathy Other: Other: Gastrointestina Other: Chronic Bronchitis Chronic Live COPD Emphysema Other: Other: Other: Other: Other: Gastrointestina Other: Gastrointestina Other: Gother: Other: Other: Gastrointe Gastrointe Inviety Agitation Bipolar Cataracts Other: Gastrointe Glaucoma Other: Other: Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Incontir EENT Gastrointe Incontir ardiovascular Musculosk Musculosk AICD Pacemaker Musculosk reast/Chest Integumer Signific		
biabetes Mellitus: Type 1 Type 2 Chronic Back Pain Joint Replacement Osteoarthritis Osteoprosis Hypethyrolidism Neuropathy Other: Osteoarthritis Other: Gastrointestinal / Genitourinary Instraint Chronic Bronchitis COPD Emphysema Other: Other: Inviety Agitation Bipolar Chronic Uver Disease Corpo Bipolar Inviety Agitation Bipolar Cataracts Inviety Agitation Other: Gastrointestinal Other: Cataracts Depression PTSD Schizophrenia Giaucoma Incontinence Bladder Ataxia ame of other treating MD, if known: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) EENT Eastrointestinal Gastrointence Bladder ardiovascular Aucot Aucot Ieurological Significant Physical Limitations emp: Pulse: Resp Rate: BY: Height: Weight: sistive Devices: Wheelchair Chronic Back Pain Integumentary Incontinence Bladder Incontinence Bladder andiovascular Aucot Significant Physical Limitations Eenn Significant Physical Limitat	Diabetes Mellitus: Type 1 Type 2 Chronic Back Hyperlipidemia Hyperthyroidism Osteoarthrit Hypothyroidism Neuropathy Spinal Steno Retinopathy Nephropathy Other: Other: Gastrointesting Asthma Chronic Bronchitis Chronic Live COPD Emphysema GERD Hd Other: Other: Other: Other: Incorting Agitation Bipolar Chronic Conditio Depression PTSD Schizophrenia Gastrointesting Other: Gastrointesting Gastrointe Incontir ame of other treating MD, if known: Other: Other: HYSICAL EXAMUNATION (Complete or attach Electronic Health Record) Incontir Itespiratory Genitourin Incontir tespiratory Genitourin Incontir ardiovascular Musculosk AlCD Pacemaker reast/Chest Integumer Significant eurological Significant Significant PD Date read: Wheelchair Walker Case<	tal	
Hypertlipidemia Hypertlyroidism Osteoarthritis Osteoporosis Hypertlyroidism Neuropathy Spinal Stenosis Gout Hetinopathy Other: Gout Jother: Other: Gastrointestinal / Genitourinary Asthma Chronic Bronchitis Chronic Liver Disease Chronic Kidney Disease COPD Emphysema GERD Hemorrhoids PUD BPH UTI Other: Other: Other Other: Difficulty Swallowing Insomnia Anxiety Agitation Bipolar Cataracts Difficulty Swallowing Insomnia Other: Other: Other: Difficulty Swallowing Insomnia Other: Gastrointestinal Gastrointestinal Ataxia ame of other treating MD, if known: Other: Gastrointestinal EENT Gastrointestinal Incontinence Bowel espiratory Genitourinary Incontinence Bladder ardiovascular Musculoskeletal Musculoskeletal AICD Pacemaker Integumentary eurological Significant Physical Limitations <td>Hyperlipidemia Hyperthyroidism Hyperlipidemia Hyperthyroidism Hyperlipidemia Hyperthyroidism Retinopathy Neuropathy Retinopathy Nephropathy Other: Gastrointestina Ulmonary / Respiratory Gastrointestina Asthma Chronic Bronchitis Chronic Live COPD Emphysema GERD Other: Other Other dotter: Other Glaucoma Other: Glaucoma Glaucoma Other: Glaucoma Glaucoma Other: Skin Breakdo Glaucoma Other: Skin Breakdo Other: Iame of other treating MD, if known: Other: Gastrointe HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Incontin HEENT Gastrointe Incontin tespiratory Genitourin Incontin cardiovascular Musculosk AICD AICD Pacemaker Musculosk iremp: Pulse: Resp Rate: BP: H Kasistive Devi</td> <td></td> <td>+</td>	Hyperlipidemia Hyperthyroidism Hyperlipidemia Hyperthyroidism Hyperlipidemia Hyperthyroidism Retinopathy Neuropathy Retinopathy Nephropathy Other: Gastrointestina Ulmonary / Respiratory Gastrointestina Asthma Chronic Bronchitis Chronic Live COPD Emphysema GERD Other: Other Other dotter: Other Glaucoma Other: Glaucoma Glaucoma Other: Glaucoma Glaucoma Other: Skin Breakdo Glaucoma Other: Skin Breakdo Other: Iame of other treating MD, if known: Other: Gastrointe HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Incontin HEENT Gastrointe Incontin tespiratory Genitourin Incontin cardiovascular Musculosk AICD AICD Pacemaker Musculosk iremp: Pulse: Resp Rate: BP: H Kasistive Devi		+
Hypothyroidism Neuropathy Spinal Stenosis Gout Retinopathy Nephropathy Other: Unmonary / Respiratory Gastrointestinal / Genitourinary Asthma Chronic Bronchitis Chronic Liver Disease Chronic Kidney Disease COPD Emphysema GEND Hemorrhoids PUD BPH UTI Other: Other: Other Other: Other Depression PTD Schizophrenia Glaucoma Hearing Loss Low Vision I Other: Gastrointestinal Glaucoma Hearing Loss Low Vision I Other: Gastrointestinal Glaucoma Ataxia ame of other treating MD, if known: Other: Gastrointestinal EENT Gastrointestinal Incontinence Bladder ardiovascular Musculoskeletal Incontinence Bladder ardiovascular Musculoskeletal Significant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: stistive Devices: Wheelchair Walker Cane Vision/Hearing Aid Other: PD Date read: <td>Hypothyroidism Neuropathy Spinal Steno Retinopathy Nephropathy Other: Other: Other: Other: Umonary / Respiratory Gastrointestina: Chronic Divencestina: Asthma Chronic Bronchitis Chronic Live COPD Emphysema GERD Other: Other: Other: ehavioral Health Other Conditio Cataracts Depression PTSD Schizophrenia Glaucoma Other: Skin Breakde Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Incontin IEENT Gastrointe Incontin terspiratory Genitourin Incontin cardiovascular Musculosk AICD Pacemaker rereast/Chest Integumer Significant teurological Significant Significant BSCREENING (required by law within last 12 months) PD Date read: Negative Chest X-ra .Unsteady Gait? Yes No 4 Recent</td> <td></td> <td>L</td>	Hypothyroidism Neuropathy Spinal Steno Retinopathy Nephropathy Other: Other: Other: Other: Umonary / Respiratory Gastrointestina: Chronic Divencestina: Asthma Chronic Bronchitis Chronic Live COPD Emphysema GERD Other: Other: Other: ehavioral Health Other Conditio Cataracts Depression PTSD Schizophrenia Glaucoma Other: Skin Breakde Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Incontin IEENT Gastrointe Incontin terspiratory Genitourin Incontin cardiovascular Musculosk AICD Pacemaker rereast/Chest Integumer Significant teurological Significant Significant BSCREENING (required by law within last 12 months) PD Date read: Negative Chest X-ra .Unsteady Gait? Yes No 4 Recent		L
Retinopathy Nephropathy Other: Jother: Gastrointestinal / Genitourinary Ashma Chronic Bronchitis Chronic Liver Disease Chronic Kidney Disease JOTHER: GeRD Hemorrhoids PUD BPH UTI Other: Other GeRD Hemorrhoids PUD BPH UTI Other: Other Other GeRD Hemorrhoids PUD BPH UTI Other: Other Gastrointestinal GeRD Hemorrhoids DIfficulty Swallowing Insomnia Depression PTSD Schizophrenia Gilaucoma Heering Loss Low Vision Other: Gastrointestinal Gastrointestinal Gastrointestinal Heering Loss Low Vision IEENT Gastrointestinal Gastrointestinal Incontinence Bowel Gastrointestinal espiratory Genitourinary Incontinence Bowel Gastrointestinal Gastrointestinal etario Musculoskeletal Musculoskeletal Musculoskeletal Gastrointestinal Gastrointestinal etaron Incontinence Bowel Signiffcant Physical	Retinopathy Nephropathy Retinopathy Other: Other: Other: Asthma Chronic Bronchitis Chronic Live COPD Emphysema GERD H Other: Other: Other: Other: ehavioral Health Other Other: Other: Anxiety Agitation Bipolar GERD H Other: Other: Other: Other: Other: Anxiety Agitation Bipolar Gastrointe Glaucoma Other: Other: Other: Other: Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Incontin Incontin IEENT Gastrointe Gastrointe Incontin ardiovascular Musculosk AICD Pacemaker Musculosk reast/Chest Integumer Integumer Integumer leurological Significant Significant SSESteve Devices: Wheelchair Walker Cane Vision/Hearing Aic B SCREENING (required by law within last 12 months) Integrati	•	
Other: Gastrointestinal / Genitourinary Jumonary / Respiratory Gastrointestinal / Genitourinary Asthma Chronic Bronchitis COPD Emphysema GERD Hemorrhoids PUD Other: Other: ehavioral Health Other Conditions Anxiety Agitation Bipolar Other: Other Conditions Insomma Cataracts Difficulty Swallowing Insomma Gastrointestinal Cataracts Other: Insomma Gastrointestinal Other: Other: ame of other treating MD, if known: Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) EENT Gastrointestinal Incontinence Bowel Incontinence Bowel espiratory Genitourinary Ardiovascular Musculoskeletal AlcD Pacemaker reast/Chest Integumentary ieurological Significant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: Significant Physic	Other: Gastrointestina Asthma Chronic Bronchitis Chronic Live COPD Emphysema GERD He Other: Other: Other: Other: ehavioral Health Other: Other Conditio Anxiety Agitation Bipolar Cataracts Depression PTSD Schizophrenia Glaucoma Other: Skin Breakde Other: Other: ame of other treating MD, if known: Other: Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Incontin HEENT Gastrointe Gastrointe tespiratory Genitourin Incontin ardiovascular Musculosk Musculosk AICD Pacemaker Musculosk reast/Chest Integumer Significant eurological Significant Significant PD Date read:		
ulmonary / Respiratory Gastrointestinal / Genitourinary Asthma Chronic Bronchitis COPD Emphysema Other: Other: Invited Agitation Bayer Agitation Depression PTSD Schizophrenia Gastrointestinal / Genitourinary Other: Other Conditions Depression PTSD Other: Gastrointestinal Getrom Gastrointestinal Other: Gastrointestinal Other: Gastrointestinal Other: Gastrointestinal Hearing Loss Low Vision Skin Breakdown Aphasia Ataxia Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) EENT Gastrointestinal Incontinence Bowel Incontinence Bowel espiratory Genitourinary AICD Pacemaker reast/Chest Integumentary Leurological Significant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: </td <td>ulmonary / Respiratory Gastrointestina Asthma Chronic Bronchitis Chronic Live COPD Emphysema GERD He Other: Other: Other Conditio Cataracts Depression PTSD Schizophrenia Glaucoma Other: Gastrointestina Glaucoma Glaucoma Other: Gastrointestina Glaucoma Skin Breakdo ame of other treating MD, if known: Other: Gastrointe HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Incontin IEENT Gastrointe Gastrointe Iteent Gastrointe Incontin ardiovascular Musculosk Musculosk AICD Pacemaker Musculosk Ieurological Significant Significant remp: Pulse: Resp Rate: BP: H ssistive Devices: Wheelchair Walker Cane Vision/Hearing Aic PD Date read: </td> <td></td> <td></td>	ulmonary / Respiratory Gastrointestina Asthma Chronic Bronchitis Chronic Live COPD Emphysema GERD He Other: Other: Other Conditio Cataracts Depression PTSD Schizophrenia Glaucoma Other: Gastrointestina Glaucoma Glaucoma Other: Gastrointestina Glaucoma Skin Breakdo ame of other treating MD, if known: Other: Gastrointe HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Incontin IEENT Gastrointe Gastrointe Iteent Gastrointe Incontin ardiovascular Musculosk Musculosk AICD Pacemaker Musculosk Ieurological Significant Significant remp: Pulse: Resp Rate: BP: H ssistive Devices: Wheelchair Walker Cane Vision/Hearing Aic PD Date read:		
Asthma Chronic Bronchitis Chronic Liver Disease Chronic Kidney Disease I COPD Emphysema GEND Hemorrhoids PUD BPH UTI Other: Other: Other: Other: Difficulty Swallowing Insomnia I Ankiety Agitation Bipolar Cataracts Difficulty Swallowing Insomnia I Operession PTSD Schizophrenia Glaucoma Hearing Loss Low Vision I Other: Skin Breakdown Aphasia Ataxia ame of other treating MD, if known: Other: Gastrointestinal EENT Gastrointestinal Incontinence Bowel espiratory Genitourinary Genitourinary ardiovascular Musculoskeletal Integumentary actiovascular Integumentary Incontinence Bladder ardiovascular Significant Physical Limitations Significant Physical Limitations eurological Significant Physical Limitations Significant Physical Limitations B SCREENING (required by law within last 12 months) Positive Negative PD Date read: Result: Positive Negative	Asthma Chronic Bronchitis Chronic Live COPD Emphysema GERD Ha Other: Other: Other Conditio Papression PTSD Schizophrenia Glaucoma Other: Gaucoma Skin Breakde ame of other treating MD, if known: Other: Gastrointe HYSICAL EXAMINATION (Complete or attach Electronic Health Record) EENT Gastrointe EENT Gastrointe Incontir ardiovascular Musculosk Musculosk AICD Pacemaker Integumer reast/Chest Integumer Significant emp: Pulse: Resp Rate: BP: H ssistive Devices: Wheelchair Walker Cane Vision/Hearing Aid PD Date read:	al / Conitourinany	
COPD Emphysema GERD Hemorrhoids PUD BPH UTI Other: Other: Other: Other: Anxiety Agitation Bipolar Cataracts Difficulty Swallowing Insomnia Insomitions Glaucoma Hearing Loss Low Vision I other: Other: Gastrointestinal Incontinence Bowel EENT Gastrointence Bowel Genitourinary Incontinence Bladder ardiovascular Musculoskeletal Musculoskeletal Incontence Bladder reast/Chest Integumentary Integumentary Significant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: ssistive Devices: Wheelchair Cane Vision/Hearing Aid Other: Negativ PD Date read: Result: Positive<	COPD Emphysema GERD H4 Other: Other: Other: Other Conditio Anxiety Agitation Bipolar Cataracts Glaucoma Other: Skin Breakde Other: Glaucoma Other: Other: Skin Breakde Other: Glaucoma Other: MySICAL EXAMINATION (Complete or attach Electronic Health Record) Health Incontin IEENT Gastrointe Incontin espiratory Genitourin Incontin ardiovascular Musculosk Musculosk AICD Pacemaker Significant reast/Chest Integumer Significant teurological Significant Significant B SCREENING (required by law within last 12 months) PD Date read: Chest X-ra Unsteady Gait? Yes No 4 Recent		
Other: Other: Phavioral Health Other Conditions Anxiety Agitation Baxiety Agitation Bother: Cataracts Other: Glaucoma Other: Skin Breakdown Aphasia Ataxia Other: Other: Other: Gastrointestinal Incontinence Bowel EENT EENT Gastrointestinal Incontinence Budder Incontinence Budder ardiovascular Musculoskeletal AICD Pacemaker reast/Chest Integumentary eurological Significant Physical Limitations B SCREENING (required by law within last 12 months) Pes PD Date read: Result: Positive Negative Unsteady Gait? Yes No 4 Recent hospitalization? (within 6 months) Yes	Other: Other: ehavioral Health Other Conditio Anxiety Agitation Bipolar Depression PTSD Schizophrenia Other: Glaucoma Other: Glaucoma Other: Skin Breakde ame of other treating MD, if known: Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) EENT EENT Gastrointe espiratory Genitourin ardiovascular Musculosk AICD Pacemaker reast/Chest Integumer eurological Significant emp: Pulse: Resp Rate: BP: H ssistive Devices: Wheelchair Walker Cane Vision/Hearing Aic B SCREENING (required by law within last 12 months) PD Date read: Chest X-ra Unsteady Gait? Yes No 4 Recent Any known history of falls? Yes No 5 Any sign		
ehavioral Health Other Conditions Anxiety Agitation Bipolar Depression PTSD Schizophrenia Glaucoma Hearing Loss Low Vision Other: ame of other treating MD, if known: Other: Sin Breakdown Aphasia Ataxia HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Gastrointestinal Incontinence Bowel EENT Gastrointestinal Incontinence Bowel espiratory Genitourinary Incontinence Bladder ardiovascular Musculoskeletal Musculoskeletal AICD Pacemaker Integumentary ieurological Significant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: Esteckenter Stative Devices: Wheelchair Walker Cane Vision/Hearing Aid Other: PD Esteckenter PD Date read:	ehavioral Health Other Conditio Anxiety Agitation Bipolar Depression PTSD Schizophrenia Other: Skin Breakde ame of other treating MD, if known: Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) IEENT Gastrointe Incontir Incontir espiratory Genitourin AICD Pacemaker reast/Chest Integumer Ieurological Significant BSCREENING (required by law within last 12 months) Significe PD Date read: Result: Positive Negative Unsteady Gait? Yes No 4 Recent	remorrholds 🗆 POD 🗆 BPH	
Anxiety Agitation Bipolar Cataracts Difficulty Swallowing Insomnia Depression PTSD Schizophrenia Glaucoma Hearing Loss Low Vision Other: Skin Breakdown Aphasia Ataxia ame of other treating MD, if known: Other: Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) EENT Gastrointestinal EENT Gastrointestinal Incontinence Bowel espiratory Genitourinary Incontinence Badder ardiovascular Musculoskeletal Musculoskeletal ALCD Pacemaker Integumentary reast/Chest Integumentary Significant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: ssistive Devices: Wheelchair Walker Cane Vision/Hearing Aid Other: Other: B SCREENING (required by law within last 12 months) PD Result: Positive Negative Chest X-ray Date: Result: Positive Negative Unsteady Gait? Yes No 4 Recent hospitalization? (within 6 months)	Anxiety Agitation Bipolar Cataracts Depression PTSD Schizophrenia Glaucoma Other: Skin Breakdo Other: ame of other treating MD, if known: Other: Gastrointe HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Gastrointe IEENT Gastrointe espiratory Genitourin ardiovascular Musculosk AICD Pacemaker reast/Chest Integumer leurological Significant emp: Pulse: Resp Rate: BP: Hssistive Devices: Wheelchair Walker Cane PD Date read: Result: Positive Negative Unsteady Gait? Yes No 4 Recent	0.00	
Depression PTSD Schizophrenia Glaucoma Hearing Loss Low Vision Other: Skin Breakdown Aphasia Ataxia ame of other treating MD, if known: Other: Ataxia HYSICAL EXAMINATION (Complete or attach Electronic Health Record) EENT Gastrointestinal leENT Gastrointestinal Incontinence Bowel espiratory Genitourinary Incontinence Bowel ardiovascular Musculoskeletal Musculoskeletal ALCD Pacemaker Integumentary reast/Chest Integumentary Integumentary leurological Significant Physical Limitations emp: Pulse: Resp Rate: BP: B SCREENING (required by law within last 12 months) Positive Chest X-ray Date: Result: Positive Negative Unsteady Gait? Yes No 4 Recent hospitalization? (within 6 months) Yes Any known history of falls? Yes No 5 Any significant medical history? Yes	Depression PTSD Schizophrenia Glaucoma Other: Skin Breakde ame of other treating MD, if known: Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Gastrointe IEENT Gastrointe espiratory Genitourin ardiovascular Musculosk AICD Pacemaker reast/Chest Integumer leurological Significant emp: Pulse: Resp Rate: BP: H ssistive Devices: Wheelchair Walker Cane Vision/Hearing Aic B SCREENING (required by law within last 12 months) PD Date read: Chest X-ra Unsteady Gait? Result: Positive Negative Chest X-ra		
Other: Skin Breakdown Aphasia Ataxia ame of other treating MD, if known: Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) EENT Gastrointestinal Incontinence Bowel espiratory Genitourinary Incontinence Bladder AlCD Pacemaker reast/Chest Integumentary Isignificant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: ssistive Devices: Wheelchair Walker Cane Vision/Hearing Aid Other: B SCREENING (required by law within last 12 months) PD Date read: Result: PD Date read: Result: Positive Negative Chest X-ray Date: Result: Positive Negative Chest X-ray Date: Result: Positive Negative	Other: Skin Breakdored ame of other treating MD, if known: Skin Breakdored ame of other treating MD, if known: Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Eentropy IEENT Gastrointe espiratory Genitourin ardiovascular Musculosk AICD Pacemaker reast/Chest Integumer leurological Significant emp: Pulse: Resp Rate: BP: H ssistive Devices: Wheelchair Walker Cane Vision/Hearing Aic B SCREENING (required by law within last 12 months) PD Date read: Chest X-ra Unsteady Gait? Result: Positive Negative Chest X-ra Unsteady Gait? Yes No 4 Recent		
ame of other treating MD, if known: Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) IEENT Gastrointestinal incontinence Bowel espiratory Genitourinary ardiovascular Musculoskeletal AICD Pacemaker reast/Chest Integumentary leurological Significant Physical Limitations B SCREENING (required by law within last 12 months) PD Date read: Unsteady Gait? Any known history of falls? Yes No 4 Recent hospitalization? (within 6 months) Yes	Hame of other treating MD, if known: Other: HYSICAL EXAMINATION (Complete or attach Electronic Health Record) Gastrointe HEENT Incontir Itespiratory Genitourin Iardiovascular Musculosk AICD Pacemaker Irreast/Chest Integumer Ieurological Significant Yemp: Pulse: Resp Rate: BP: H Assistive Devices: Wheelchair Walker Cane Vision/Hearing Aid PD Date read:	0	
HYSICAL EXAMINATION (Complete or attach Electronic Health Record) IEENT Gastrointestinal Incontinence Bowel espiratory Genitourinary ardiovascular Incontinence Bladder AICD Pacemaker reast/Chest Integumentary leurological Significant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: ssistive Devices: Wheelchair PD Date read:	PHYSICAL EXAMINATION (Complete or attach Electronic Health Record) HEENT Gastrointe Incontir Incontir Respiratory Genitourin Cardiovascular Musculosk AICD Pacemaker Breast/Chest Integumer Neurological Significant Temp: Pulse: Resp Rate: BP: H Assistive Devices: Wheelchair Walker Cane Vision/Hearing Aic TB SCREENING (required by law within last 12 months) EPD Date read: Chest X-ra L Unsteady Gait? Pes No 4 Recent	Jown 🗆 Apnasia	
IEENT Gastrointestinal Incontinence Bowel espiratory Genitourinary Incontinence Bladder ardiovascular Musculoskeletal AICD Pacemaker reast/Chest Integumentary leurological Significant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: Significant Physical Limitations B SCREENING (required by law within last 12 months) Positive Negative PD Date read:	HEENT Gastrointe Incontin Incontin Respiratory Genitourin Incontin Incontin Cardiovascular Musculosk AICD Pacemaker Greast/Chest Integumer Ideurological Significant "emp: Pulse: Resp Rate: BP: "emp: Pulse: Resp Rate: Cane Vision/Hearing Aic "B SCREENING (required by law within last 12 months) Integutive Chest X-ra "PD Date read: Result: Positive Negative Chest X-ra . Unsteady Gait? Yes No 4 Recent		
Incontinence Bowel espiratory Genitourinary Incontinence Bladder ardiovascular AICD Pacemaker reast/Chest Integumentary Ieurological Significant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: ssistive Devices: Wheelchair Walker Cane Vision/Hearing Aid Other: B SCREENING (required by law within last 12 months) PD Date read: Result: Positive Negative Chest X-ray Date: Result: Positive Negative Unsteady Gait? Yes Any known history of falls? Yes	Incontin Respiratory Genitourin Incontin Cardiovascular AICD Pacemaker Breast/Chest Neurological Significant Temp: Pulse: Resp Rate: BP: Hassistive Devices: Wheelchair Wheelchair Walker Cane Vision/Hearing Aid TB SCREENING (required by law within last 12 months) PPD Date read: Result: Positive Negative Chest X-ra Unsteady Gait? Yes No 5 Any significant		
espiratory Genitourinary ardiovascular Incontinence Bladder AICD Pacemaker reast/Chest Integumentary leurological Significant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: ussistive Devices: Wheelchair B SCREENING (required by law within last 12 months) PD Date read: Result: Positive Negative Chest X-ray Date: Result: Unsteady Gait? Yes Any known history of falls? Yes	Respiratory Genitourin Cardiovascular Musculosk AICD Pacemaker Breast/Chest Integumer Neurological Significant Temp: Pulse: Resp Rate: BP: H Assistive Devices: Wheelchair Walker Cane Vision/Hearing Aic TB SCREENING (required by law within last 12 months) PDD Date read: Chest X-ra L Unsteady Gait? Pesult: Positive No 4 Recent 2 Any known history of falls? Yes No 5 Any significant	estinal	
Incontinence Bladder ardiovascular AICD Pacemaker Integumentary Integumentary Ieurological Significant Physical Limitations emp: Pulse: Resp Rate: B SCREENING (required by law within last 12 months) PD Date read: Result: PD Date read: Result: Positive Negative Chest X-ray Date: Positive Negative Chest X-ray Date: Positive No 4 Recent hospitalization? (within 6 months) Yes No 5 Any significant medical history?	Incontin Cardiovascular Musculosk AICD Pacemaker Breast/Chest Integumer Jeurological Significant remp: Pulse: Resp Rate: BP: H Assistive Devices: Wheelchair Walker Cane Vision/Hearing Aic TB SCREENING (required by law within last 12 months) PPD Date read: Chest X-ra Unsteady Gait? Pesult: Positive Negative Chest X-ra Any known history of falls? Yes No 5 Any significant	inence Bowel	
ardiovascular Musculoskeletal AICD Pacemaker reast/Chest Integumentary leurological Significant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: issistive Devices: Wheelchair B SCREENING (required by law within last 12 months) PD Date read: Result: PD Date read: Result: Positive Negative Chest X-ray Date: Result: Positive Yes Any known history of falls? Yes	Cardiovascular Musculosk AICD Pacemaker Breast/Chest Integumer Ieurological Significant 'emp: Pulse: Resp Rate: BP: H Assistive Devices: Wheelchair Walker Cane Vision/Hearing Aic 'B SCREENING (required by law within last 12 months) PD Date read: Chest X-ra 'Unsteady Gait? Result: Positive Negative Chest X-ra 'Any known history of falls? Yes No 5 Any significant	inary	
AICD Pacemaker ireast/Chest Integumentary leurological Significant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: sssistive Devices: Wheelchair Walker Cane Vision/Hearing Aid Other: B SCREENING (required by law within last 12 months) PD Date read: Result: Positive Negative Unsteady Gait? Yes No 4 Recent hospitalization? (within 6 months) Yes Other Any known history of falls? Yes No 5 Any significant medical history? Yes Other	AICD Pacemaker irreast/Chest Integumer leurological Significant remp: Pulse: Resp Rate: BP: H Assistive Devices: Wheelchair Walker Cane Vision/Hearing Aic B SCREENING (required by law within last 12 months) PD Date read:	inence Bladder	
Integumentary Ieurological Significant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: Assistive Devices: Wheelchair Walker Cane Vision/Hearing Aid Other: B SCREENING (required by law within last 12 months) PD Date read:	Irreast/Chest Integumer Ieurological Significant emp: Pulse: Resp Rate: BP: H assistive Devices: Wheelchair Walker Cane Vision/Hearing Aid B SCREENING (required by law within last 12 months) Image: Chest X-ra PD Date read:	skeletal	
Ieurological Significant Physical Limitations emp: Pulse: Resp Rate: BP: Height: Weight: ssistive Devices: Wheelchair Walker Cane Vision/Hearing Aid Other:	Ieurological Significant emp: Pulse: Resp Rate: BP: H ssistive Devices: Wheelchair Walker Cane Vision/Hearing Aid B SCREENING (required by law within last 12 months) PD Date read:	anton /	
emp: Pulse: Resp Rate: BP: Height: Weight: sssistive Devices: Wheelchair Walker Cane Vision/Hearing Aid Other: B SCREENING (required by law within last 12 months) Image: Chest X-ray Date: Result: Positive Negative PD Date read:	Temp: Pulse: Resp Rate: BP: H Assistive Devices: Wheelchair Walker Cane Vision/Hearing Aid TB SCREENING (required by law within last 12 months) PD Date read: Chest X-ra PPD Date read: Result: Positive Negative Chest X-ra . Unsteady Gait? Yes No 4 Recent 2 Any known history of falls? Yes No 5 Any sign	entary	
Insteady Gait? Wheelchais? Yes No 4 Recent hospitalization? (within 6 months) Insteady Gait? Yes No 5 Any significant medical history? Yes	Assistive Devices: Wheelchair Walker Cane Vision/Hearing Aid IB SCREENING (required by law within last 12 months) IPD Date read: Result: Positive Negative Chest X-ra IPD Date read: Result: Positive Negative Chest X-ra Unsteady Gait? Yes No 4 Recent Any known history of falls? Yes No 5 Any sign	t Physical Limitations	
Insteady Gait? Wheelchais? Yes No 4 Recent hospitalization? (within 6 months) Insteady Gait? Yes No 5 Any significant medical history? Yes	Assistive Devices: Wheelchair Walker Cane Vision/Hearing Aid IB SCREENING (required by law within last 12 months) IPD Date read: Result: Positive Negative Chest X-ra IPD Date read: Result: Positive Negative Chest X-ra Unsteady Gait? Yes No 4 Recent Any known history of falls? Yes No 5 Any sign	Height: Weight:	
PD Date read:	PPD Date read:		
Unsteady Gait?	Unsteady Gait? Yes No 4 Recent Any known history of falls? Yes No 5 Any sign		
Any known history of falls? Yes No 5 Any significant medical history? Yes	Any known history of falls?	ray Date: Result: 🗌 Positiv	ve 🗆 Negativ
Any known history of falls? Yes No 5 Any significant medical history? Yes	Any known history of falls?		
Medication non-compliance?	Medication non-compliance?		□ Yes □
		nown evidence of communicable disease>	🗆 Yes 🛛

MEDICAL REQUEST FOR ADULT DAY HEALTH CARE / COMMUNITY BASED ADULT SERVICES

Patient's Name:

Medication	Dosage	Route	Freq	Medication	Dosage	Route	Freq
1				6			
2				7			
3				8			
4				9			
5				10			

STANDING ORDERS (Please strike through any orders not approved and write in alternative orders)
Acetaminophen 325 mg 1 tab PO Q4 hours prn mild pain or 2 tabs PO Q4 hours prn moderate - severe pain
Acetaminophen 500 mg1 tab PO Q4 hours prn mild pain or 2 tabs PO Q4 hours prn moderate - severe pain
Annual influenza virus vaccine injection per CDC recommendations (if offered at ADHC/CBAS center)
OTC Antacid Name: per package instructions for indigestion
Emergency O2 at 2 or 4 L/min. nasal cannula prn
Ibuprofen 200 mg 1 tab PO Q4 hours prn mild pain w/ food or 2 tabs PO Q4 hours prn moderate-severe pain w/ food
Loperamide (Imodium) 2 mg PO as per package directions prn diarrhea
Minor wound protocol: cleanse w/ normal saline; apply antibiotic ointment; cover with dry dressing prn
Non-enteric coated ASA 81 mg per MI protocol PO 1X
Tuberculin PPD 0.1 mg ID in forearm Read 48-72 hours (if no screen within last 12 months and if test offered at ADHC/CBAS center)
Do Not Resuscitate Order on File: 🗆 Yes 👘 No

VITAL PARAMETERS			DIET ORDERS			
MD may adjus	0	🗆 Regular	No Added Salt	No Concentrated Sugar		
specific pa	arameters for no	otification	Other:			
Systolic Blood Pressure:	80 - 170	Each day of attendance	Center may deviate from No Concentrated Sugar diet order up to two times a month (special occasions)			
Diastolic Blood Pressure:	50 - 110	Each day of attendance		DIET TE	XTURF:	
Pulse:	50 - 110	Each day of attendance	□ Regular □ □ Other:		Pureed	
Random Blood Glucose:	60 - 300	Each day of attendance				

REQUEST FOR ADULT DAY HEALTH CARE/COMMUNITY BASED ADULT SERVICES (MUST BE COMPLETED AND SIGNED BY PCP):

All patients receive the following on each day of attendance: skilled nursing, social services, personal care (PRN), therapeutic activities and meal services. Additional services, provided as needed, include physical therapy, occupational therapy, speech therapy, mental health services and transportation, based on multidisciplinary team assessment. ADHC/CBAS services are ongoing unless otherwise indicated.

1)	Are there any medical contraindications	s for receiving any of the abov	e additional	services?	🗆 None
	If so, please explain:				

Are there any medical contraindications for one-way transportation more than 60 minutes?
 None
 Overall health prognosis?

4) Overall therapeutic goals?

This patient has one or more chronic or post-acute conditions that require monitoring, treatment or intervention, without which there is a high potential for further deterioration and may require emergency room, hospitalization or institutionalization. The information provided reflects this patient's current health status. I request ADHC/CBAS services in addition to authorizing the standing orders. By signing below, I certify that the Adult Day Health Care / Community Based Adult services are medically necessary.

PCP Name:	Signature:	Date:
PCP Address:		
PCP Phone:	PCP Fax:	