



Adult Day Club

6033 E. Arbor Ave Mesa, Arizona 85206
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PHYSICIAN MEDICAL ASSESSMENT

Information on this form is to be completed by Physician or Authorized Personnel designated by Physician

Name: _____ **Exam Date:** _____

Sex: _____ **DOB:** _____ **Age:** _____

Blood Pressure: _____ **Pulse:** _____ **Weight:** _____

Diagnosis (Please list ALL):

Medical / Surgical History (Joint Replacements, Significant Surgeries)

Allergies (Medication, Environmental, Food):

Tuberculin Screening (IPPD skin test or Chest X-ray): **(Mandatory for entrance into the Program)**

CHEST X-RAY MUST STATE: FREE OF PULMONARY TUBERCULOSIS

If by CXR please attach a copy of the report. Thank You!

Method and Result: _____ **Date:** _____

General Condition: () Excellent () Good () Fair () Poor

Level of Confusion:
() None () Mildly Confused () Moderately Confused () Severely Confused

Is this Patient ABLE TO ADMINISTER THEIR OWN MEDICATIONS at the DAY CLUB?

() YES () NO

In order to best serve the Day Club Participant it is helpful to have some PRN medication orders.

Please check if the Day Club Nurse can give the following PRN medications:

Tylenol 325mg I-II tabs q.4 hrs PRN discomfort: () YES () NO

Tylenol 500mg I-II tabs q.6 hrs PRN discomfort: () YES () NO

ASA 325mg I-II tabs q.4 hrs PRN discomfort: () YES () NO

Kaopectate as directed PRN for Loose Stools: () YES () NO

Maalox-Mylanta 5cc. PRN Indigestion: () YES () NO

Neosporin Cream Topically to superficial wound: () YES () NO

Diet: () Regular () Diabetic () Low Sodium

Nutritional Status: () Good () Fair () Poor

