



PHYSICIAN'S ORDERS

Information needed for Admission into Joe's Club Adult Day Care

<input type="checkbox"/> Melbourne 4676 N Wickham Road Melbourne, FL 32935	<input type="checkbox"/> Titusville 830 South Park Avenue Titusville, FL 32780	<input type="checkbox"/> Micco 7951 Ron Beaty Blvd Micco, Florida 32976
Patient Name:		DOB:
Diagnosis(s):		
Medication(s):		
Medical History		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Disease/ Angina	<input type="checkbox"/> Pulmonary Disease
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Seizures
<input type="checkbox"/> Cerebrovascular	<input type="checkbox"/> Kidney Disorder	<input type="checkbox"/> Transient Ischemic Attack
<input type="checkbox"/> Dementia-Type	<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Parkinson's	<input type="checkbox"/> Ulcers
To the best of my knowledge the patient is free and clear of communicable tuberculosis and other communicable diseases <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diet Restrictions: <input type="checkbox"/> Regular <input type="checkbox"/> Low Sodium <input type="checkbox"/> Mechanical Soft <input type="checkbox"/> Low Fat <input type="checkbox"/> Pureed <input type="checkbox"/> Diabetic <input type="checkbox"/> Other:		
Allergies (food, drug, other):		
Physician's Name:		Physician's Signature:
Physician's Address:		Today's Date: <i>Orders must be dated within 45 DAYS of member's first formal visit.</i>
Physician's Phone:		Please return via FAX Melbourne: (321) 253-1993 Micco: (772) 664-9929 Titusville: (321) 268-9148