



## PHYSICIAN'S ORDERS

Information needed for admission into Joe's Club Adult Day Health Care

**Today's Date:** \_\_\_\_\_ *Orders must be dated within 45 DAYS of member's first formal visit*

Patient Name:	DOB:
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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  
 Yes  No

Diet Restrictions:  Regular  Low Sodium  Mechanical Soft  Low Fat  Pureed  Diabetic  Other:

Allergies (food, drug, other):

Physician's Name:	Physician's Signature:
Physician's Address:	Physician's Phone:

**Please return via FAX**  
 Melbourne: (321) 253-1993       Micco: (772) 664-9929       Titusville: (321) 268-9148