



Adult Day Health Care / Adult Day Program

9451 Indianapolis Avenue ~Huntington Beach, CA 92646
 Phone (714)593-9630 ~Fax (714) 964-5321

Health Record / Physician Report

Name: _____ Date of Birth: _____ Male Female

TB Screening (a history of a positive PPD requires a CXR report stating there is no evidence of active TB)

PPD date (within last year): _____ or CXR date (within last 4 years): _____ Result: _____

Medical Exam:

General:	Lungs:
Eyes:	Heart:
Ears:	Abdomen:
Nose:	Genitourinary:
Mouth/Throat:	Musculoskeletal:
Skin:	Rectal:
Vital Signs:	Wt: _____ Ht: _____

Past Medical History:

Current Diagnoses with ICD-10 Codes:

Evidence of communicable disease? Yes No

Medical contraindications for one way transportation that exceeds one hour? Yes No

Does your patient receive psychiatric / psychological treatment from a mental health professional? Yes No

AFC nurse may administer mandatory annual TB test after initial: Yes No

POLST: Yes No Unknown

Allergies:

Problems & Needs:

<input type="checkbox"/> Auditory impairment	<input type="checkbox"/> Bladder impairment	<input type="checkbox"/> Other
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Bowel impairment	<input type="checkbox"/> Other

Ambulatory Status: Ambulatory Non-ambulatory History of falls

In this case, non-ambulatory means someone unable to leave a building unassisted under emergency conditions. It includes any person who is unable, or likely to be unable to physically and mentally respond to a sensory signal approved by the state Fire Marshall, or an oral instruction relating to fire danger, and persons who depend upon mechanical aids such as crutches, walkers and wheelchairs. (CA Health & Safety Code, section 13131)

Assistive Devices:

Single point cane Quad cane Front wheeled walker Rolling walker Wheelchair

Other Physical Limitations:

Please List All Current MEDICATIONS:

Medication name	Dose	Frequency	Purpose or Indication

Orders for use at AFC:

- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen 650mg q 4 hr prn pain | <input type="checkbox"/> Mylanta Susp 15ml q 4 hr prn GI distress |
| <input type="checkbox"/> Loperamide 2mg once daily prn diarrhea | <input type="checkbox"/> Barrier Cream <input type="checkbox"/> Hydrocortisone Cream |
| <input type="checkbox"/> Annual Flu Vaccine | <input type="checkbox"/> Oxygen saturation below 90% 2 LPM |
| <input type="checkbox"/> First Aid for Minor Wounds: clean with normal saline, apply antibiotic ointment, cover with dry dressing | |

Diet and Nutrition:

- Regular diet is low in sodium & low in fat Liberal Diabetic Other

Texture will be modified to accommodate individual needs Mechanical Soft Puree

Food Allergies or Restrictions:

- Swallowing difficulty Dentures Other:

Therapeutic Goals:

- Promote physical & mental well-being Enhance cognitive functioning Maintain mobility
- Increase daily activity level Mitigate functional decline Increase supervision & safety
- Provide opportunity for socialization Maximize nutritional status Other

Prognosis: Good Fair Poor

Vital Parameters for physician notification

Systolic BP < 90 or > 180 Diastolic BP < 50 or >100 Pulse rate < 50 or > 100

Blood glucose for diabetics < 70 or > 300 unless otherwise ordered

Health Care Provider Information:

Signature:	Date:
Printed Name:	
Address:	Phone:
City/State/Zip:	FAX: