

Daughters of Sarah
Nursing Center
PHYSICIAN'S REPORT AND ORDERS

Patient's Name: _____ Sex: ____ DOB: _____ SS#: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of physical examination: _____

Primary Diagnoses: _____

Other Active Medical Conditions:

Significant Medical History (include hospitalizations, surgeries):

<u>Mental Status</u>	<u>Never</u>	<u>Sometimes</u>	<u>Always</u>
Alert			
Confused/Disoriented - Person			
Place			
Time			
Memory Impaired			
Recent			
Remote			
Impaired judgment			
Agitated			
Hallucinations			
Assaultive			
Regressive behavior			
Wanders			

Is there a history of mental illness? _____ No _____ Yes

If yes, describe (include dates, hospitalization, treatments, **current** and **past medications, etc.**)

Allergies:

 Food specify: _____

 Drugs specify: _____

 Other specify: _____

Current Medication Regime

<u>Drug Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Route</u>

Current Treatments

(include dressings; Rehabilitative Programs: Physical, Occupational and Speech Therapy, etc.)

<u>Treatment</u>	<u>Who Provides</u>	<u>Frequency</u>

	No	Yes	If yes, date given	<u>Impairments</u>	None	Partial	Total
Pneumovax				Sight			
Influenza Vaccine				Hearing			
				Speech			

_____wears dentures _____wears glasses _____wears hearing aid(s)

Tuberculosis: Exhibiting symptoms consistent with active TB disease: _____ No _____ Yes

If Yes, please place and read PPD.

PPD: Date done _____ Results: _____ Negative _____ Positive

If PPD is positive, Chest X-ray results: _____

**If PPD is done, please forward documentation of the results along with this form.

MD Signature: _____ Date: _____

Print Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

When this form is completed, please return it to:

Admissions Office
 Daughters of Sarah Senior Community
 180 Washington Avenue Ext.
 Albany, New York 12203
 Fax#: 518-724-3296

If you have any questions, please contact our Admissions Office Monday-Friday
 at (518) 724-3323 between 9:00 AM and 5:00 PM. Thank you.