

6. Physical Restrictions & Limitations (walker, cane, assistance to ambulate, wheelchair)

7. Joe's Place Adult Day Care offers daily planned exercise to promote physical and mental functions which include stretching and strength training. Are there any former or current injury/conditions which affect the patient's ability to participate?

8. Please attach the most recent History and Physical. Date of recent physical: _____

9. Medication Information (continue on separate sheet if necessary):

Medication Name	Start Date	Route	Dose	Frequency (include PRN)	Form

10. Is this person capable of administering his/her own medications? _____ Yes _____ No

11. Is this person physically and mentally able to make an exit from the building in an emergency without assistance (help of another person, wheelchair, walker, leg prostheses, or other devise)? _____ Yes _____ No

12. Permission to Administer Medications:

Permission is granted to Joe's Place Adult Day Care to administer prescribed medications while this individual is attending the adult day care services center.

Physician Name (printed or typed):

Physician Signature

Date

Address: _____

Phone: _____