THE RETREAT
A SENIOR DAY EXPERIENCE

Council on Aging of West Florida, Inc.

COUNCIL ON AGING OF WEST FLORIDA, INC. EST. 1972

PHYSICIAN'S ADMISSION ORDER SHEET

Adult Day Care Center
875 Royce Street/Pensacola, FL 32503
Phone: 850-266-2503/Fax: 850-479-9075
e-mail: jayers@coawfla.org www.coawfla.org

Please complete this form in its entirety

Patient Name:	SS#:
Diagnosis:	
Caregiver Name:	Caregiver Phone
Physician Name:	Physician Phone
Diet: □ Regular (Low Salt, Low Fat) □ (No Milk, Lactose Intolerant) Replace with 8oz. juice or water □ Modified (No concentrated sweets)	
Allergies:	
Medications & Frequency of Administration (Routine, PRN, and Over the Counter Medication)	
May administer Tylenol 325 mg. 1-2 tabs PO for headache or pain Q 6 hours PRN	
Medication to be: □ Self-administered □ Supervised □ Administered	
Date of Last Chest X-ray & Result **OR** Date of last TB Skin Test & Result **(must be within last 45 days)**	
Communicable Disease: □Yes □No If yes, please explain:	
Date and Results of Urinalysis (must be within last 6 months)	

Rehabilitation Potential: □ Good □ Fair □ Poor	Therapy Recommendation: □ OT □ PT □ Speech	Recommended Frequency of Visit to Physician:
Therapy Assessment/Treatment Recommendations for: □ Gait Training □ Extremity Strengthening □ ADL Training		
Other:		
Physician's Signature		**Date**