Daughters of Sarah
Nursing Center
PHYSICIAN'S REPORT AND ORDERS

Patient's Name:_____ Sex: _____ DOB:_____
Home Address: _____
City: _____ State: _____ Zip: _____
Social Security No.:_____

Date of physical examination:_____
Primary Diagnosis:_____
Other Active Medical Conditions:_____
_____
_____
_____

Significant Medical History (include hospitalizations, surgeries):
_____
_____
_____
_____

Mental Status:	never	sometimes	always
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

Name of Drug	Dosage	Frequency	Route

Current Treatments

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

Treatment	Who Provides	Frequency

Pneumovax: _____ No _____ Yes **If yes, date:**_____
Influenza vaccine: _____ No _____ Yes **If yes, date:** _____
PPD : Date Done _____ Results _____
If positive, Chest X-ray results: _____

PLEASE NOTE: A PPD or chest x-ray must have been done within the past 12 months for a patient to be approved for admission. If neither has been done, please complete at the time of this physical. Documentation of results must be forwarded along with this form.

PLEASE ATTACH MOST RECENT CBC AND CMP

Impairments:	none	partial	total
sight			
hearing			
speech			

_____ wears dentures _____ wears glasses _____ hearing aid(s)

MD Signature: _____
Print Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: ( ) _____ Fax ( ) _____
License No: _____ Date: _____

When this form is completed, please return it to:

Admissions Office
Daughters of Sarah Senior Community
180 Washington Avenue Ext.
Albany, New York 12203

If you have any questions, please contact our Admissions Office Monday-Friday at 724-3323 between 8:30 AM and 4:30 PM. Thank you.