Daughters of Sarah
Nursing & Rehabilitation 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):

_____
_____
_____
_____

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

Drug Name	Dosage	Frequency	Route

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

Treatment	Who Provides	Frequency

	No	Yes	If yes, date given		Impairments	None	Partial	Total
Pneumovax					Sight			
Influenza Vaccine					Hearing			
COVID Vac/brand					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 Nursing & Rehabilitation Center
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.