

U. J. ROBINSON MEMORIAL CENTER, INC.
REPORT OF PHYSICIAN'S EXAMINATION FOR DAY CARE ADULTS

NAME _____ DATE OF BIRTH _____
ADDRESS _____ CITY _____ ZIP _____

TO PHYSICIAN:

Day care for adults is for older or disabled persons who need care during the day, either because they live alone and cannot manage entirely on their own or, by sharing some of the responsibility for their care, to relieve the family and thereby avoid institutionalization and prolong the length of time they are able to live in the community. It is not for people who need nursing care. This examination and recommendation are needed to help determine whether care in day care is appropriate for this person at this time. If you do not feel it would be suitable for this person to participate please explain. If you have questions about the program or the appropriateness of this person, please contact Robinson Center 479-8593.

PHYSICIAN'S STATEMENT

1. General state of health: Good _____ Poor _____ Very Poor _____
2. Does this patient have any condition that might be harmful to others? Yes _____ No _____
3. Is the patient under treatment? Yes _____ No _____ If so, for what condition? _____
4. Is the patient on medication? Yes _____ No _____ Can he take it without help? Yes _____ No _____
List daily medications: _____
5. Does the patient need a special diet? Yes _____ No _____ If so, what type? _____
6. If a day-to-day health routine is necessary, please write instructions here: _____
7. When should the patient have the next check-up? _____
8. Is the patient able to care for his personal needs, such as feeding/handling himself in the bathroom, with little or no assistance? Yes _____ No _____
9. What specific help will he need from others? _____
10. Can suitable care be given in day care? Yes _____ No _____
11. Is the patient free of communicable diseases? Yes _____ No _____
Give patient's results from Tuberculosis Skin Test.

Physician's Signature: _____ Date: _____