## SAND HILL ADULT DAY PROGRAM APPLICATION & ADMISSION PACKET

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<b>CHEE</b>	R

NAME:	<b>ADMISSION</b>
	DATE:

## **DATE OF BIRTH:**

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Street Address					City				State	Zip	
Living Lives With: Arrangements					Relationship:						
Phone #'s:					Email Addı	ress:					
Social Security #: Heal				alth Insurance (Primary)					Provider#		
•				,,					ID#		
PAYMENT SOURCE FOR PROGRAM: Sec.			Seco	econdary Health Insurance					Provider #		
			,					ID#			
Power of Attorney: Address				ress					Phone #'s		
Secondary Emer	rgency Contact/F	Relationship:			Phone #'s:						
,	<b>J</b>	, and the second									
Transportation A	rrangements:				Community/Social Support:						
Family Support:					Anything else we need to know?						
					T						
Primary Care Phy	vsician/l ocation						F	Phone #			
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Advance Directiv	es Y/N	If Yes – Copy in Chart		Code Status Allergies				ies			
Current Medical Conditions/DX: (Include any functional deficits) Past Medical History					ry Hospitalizations					าร	
				DATE REASO				SON			
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						-					
						-					
Current Diet:		Dietary Restrictions/Needs	s	Blood Pressure		Pulse		Resp	Tem	p	
Smoking Hx:		Drinking Hx:		Glasses:	Dentures:		Hearing Aid	Othe	r Prosthetics		
Level of Orientati	ion:	Follows Commands:		Memory:	Ambulation		Transfers	Toile	tina		
Level of Offerilati	IOII.	i onows commutus.		inclifory.		Ailibul	ativii	1101151615	TOTAL	ung	

## SAND HILL ADULT DAY PROGRAM NURSING ASSESSMENT

CLIENT NAME:	DOB:						
MEDICATIONS							
NAME	STRENGTH	DOSE/FREQUENCY	ROUTE				
	TREAT	MENTS					
NURSES NOTES							