NASHUA
Adult Day Health
www.nashuaadh.com

Physician's Referral Form

32 Daniel Webster Highway, Unit 10 Merrimack, NH 03054
Tel: 603-417-6656 Fax: 603-417-7113

****Include chart summary & most recent physical exam****

Participant's Name: _____ DOB: _____

Address: Phone #:

Physician's Name: _____ Phone #: _____

Address: City, State, Zip:

Date of Last Flu Shot: _____ Date of Pneumococcal Vacine: _____

Date of Last Mantoux (TB) Test and Results: _____

If Positive, how was TB treated: _____

Communicable Diseases: Yes: ☐ No: ☐

Primary Diagnosis **must be a physical condition**

Diagnosis: _____

_____

Dietary needs: ◯ Calorie Restricted ◯ Diabetic Friendly ◯ Low Sodium ◯ Other_____

Medications: **(Attach signed medication list)**

Ambulation:

Walks Independently☐ Walks with Assistance☐ Walks With Walker☐ Non-Ambulatory/Wheelchair☐

Memory Loss: Yes: ☐ No: ☐

Directives: ◯ DNR ◯ DNI ◯ DNH ◯ Full Code

Adult day services are medically necessary to (check all that apply):

◯ Manage Chronic Illness (Diabetes, Hypertension, Etc.) ◯ Alzheimer's or Dementia

◯ Medication Management ◯ Assistance with Activities of Daily Living

◯ Fall Risk While at Home ◯ Other _____

Physician's Signature: X_____ Date: X_____

****Include chart summary & most recent physical exam****

FAX THIS FORM TO 603-417-7113 UPON COMPLETION