

PHYSICIAN'S MEDICAL EVALUATION FOR ASSISTED LIVING

C:\Documents\PCH Forms 2010 - Physician's Medical Eval Final.doc
Effective 3/9/2010

c. The individual **DOES** **DOES NOT** require assistance from staff during the night. If assistance is required, please explain.

d. The individual **DOES** **DOES NOT** require 24 hour nursing supervision.

e. The individual **DOES** **DOES NOT** require placement in a specialized memory care unit (unit with controlled access/egress designed to serve residents who are at risk of engaging in unsafe wandering activities or other unsafe behaviors)

10. MEDICATIONS: List all medications including over the counter medications, herbal remedies, topical medications, vitamins, etc. Any PRN medications must include instructions, i.e. parameters for use.

MEDICATION	DOSAGE	DIRECTIONS FOR USE	ROUTE	NEEDS HELP WITH ADMINISTRATION	
				YES	NO

MEDICAL CERTIFICATION SIGNATURE REQUIRED

Assisted living facilities/personal care homes ARE NOT permitted under the law to provide medical, skilled nursing or psychiatric care. In your professional opinion, can this patient's needs be safely met in an assisted living facility/personal care home? **YES:** _____ **NO:** _____

COMMENTS:

SIGNATURE OR PHYSICIAN, PA, OR NP:

DATE:

PRINTED NAME OF PHYSICIAN, PA OR NP

GEORGIA LICENSE#

ADDRESS OF PHYSICIAN, PA, OR NP

CITY

STATE

ZIP CODE

PLEASE RETURN COMPLETED FORM TO:

CONTACT PERSON

Ann Cowan

FACILITY NAME

Corinth Road Personal Care Home

ADDRESS

1141 Corinth Rd

PHONE:

770) 254-8734

CITY

Newnan

STATE

Ga

ZIP CODE

30263