



OXNARD FAMILY CIRCLE
ADULT DAY HEALTH CARE CENTER

2100 Outlet Center Dr. #380, Oxnard CA 93036

Phone: (805) 385-4180 FAX: (805) 751-4149

Medical Assessment and Medication Taken

(could be returned by fax: 805-751-4149 or email: enrollment@oxnardfamilycircle.com)

Patient Name:	Telephone:
Address:	Female <input type="checkbox"/> Male <input type="checkbox"/>
City/State/Zip	Age: DOB:

*****TB Clearance** (within the last 12 months): *Required prior to Patient attending the ADP****

Date of test: _____ Negative Positive

Method: PPD Test Chest X-Ray

I approve an order for the RN to administer a PPD test at Oxnard Family Circle: Yes No

Any indication of communicable disease: Yes No

Primary DX:
Secondary DX:

ALLERGIES? No Yes _____

DIET AND NUTRITION:

Prudent/Diabetic (low fat, low cholesterol, low sodium, high fiber, NCS) Puree Chopped

Renal (low potassium, low phosphorous, low sodium, limited protein)

Special problems and needs:

Ambulatory status, Physical restrictions:

Other:

See Attachments

Medication Taken (Please list medications below or mark the box for attachments) See Attachments

Date Ordered	Medication & Dosage	Route	Frequency	Diagnosis

Physician or Designee Signature:	Date:
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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize Oxnard Family Circle ADHC to obtain any and all information from my medical records and to release the information to authorized members of the interdisciplinary team at Oxnard Family Circle ADHC.

I would like to participate with the ADHC program and would appreciate your assistance in providing Oxnard Family Circle with the necessary information.

Signature of Participant: _____

Signature of Witness: _____

Date: _____

This authorization is effective until otherwise specified by participant. If you have any questions regarding the program or this request, please contact Oxnard Family Circle ADHC at (805) 385-4180, fax number (805) 751-4149 or email to enrollment@oxnardfamilycircle.com. A photocopy of this release may be considered valid and may be used in place of the original.