

ABUNDANT LIVING ADULT DAY SERVICES, INC.
Phone: (704) 637-3940 - Fax: (704) 637-6929

Medical Examination Report

Name: _____ Birthdate: _____

Address: _____

Most Recent Date Seen by Physician (including this visit): _____

The above named person has applied for enrollment in Abundant Living Adult Day Services, an adult day care/day health program. Your careful examination and written recommendations on this form will help to ensure that the applicant is provided appropriate care and services, will encourage safe participation in adult day service activities and will provide a current medical history in case of emergency.

Information reported on this form is considered confidential and will be released only with the applicant's written authorization.

I. Does the applicant have any of the following diseases or conditions? If so, please indicate whether or not the condition requires any special attention or restricts normal activities.

Current Disease/ Chronic Condition	Yes	Special Attention Required	Restriction on Activities
Anemia			
Arthritis			
Asthma			
Blindness			
Cerebral Palsy			
Dementia			
Diabetes			
Effects of Stroke/Paralysis			
Emphysema/Chronic Bronchitis			
Epilepsy			
Fainting Spells			
Gastrointestinal Problems			
Heart Problems			
Hearing Problems			
High Blood Pressure			
Kidney Disease			
Mentally Challenged			
Skin Disorders			
Tuberculosis			
Ulcers			
Urinary Tract Problems			

Any other disease or condition not mentioned above: _____

Any allergies or reactions to medications: _____

