

# Rehabilitation Institute of Southern California

130 Laguna Road  
Fullerton, CA 92835  
(714) 680-6060

1800 East La Veta Avenue  
Orange CA. 92866  
(714) 633-7400

2021 Calle Frontera  
San Clemente, CA 92673  
(949) 498-7671

## Adult Day Health Care Health Record

|   |                                   |            |
|---|-----------------------------------|------------|
| Name:   | Telephone:                        |            |
| Address:  | Male:                             | Female:    |
|   | Age:                              | D.O.B.:    |
| Principal and signature diagnosis:                        | List any current health problems: |            |
|   |                                   |            |
| Onset date:   | Treatment                         |            |
| Prognosis:  |                                   |            |
| Evidence of communicable disease? Y N                     | Allergies:                        |            |
| Primary language  |                                   |            |
| <b>Significant Medical History</b>                        |                                   |            |
| General:  | Lungs:                            |            |
| HEENT:  | Heart                             |            |
| Mouth:  | Abdomen                           |            |
| Thorax:   | Genitourinary:                    |            |
| Breast:   | Musculoskeletal:                  |            |
| Lymphatic:  | Rectal:                           |            |
| Diet: (Please circle)                                     | Weight:                           |            |
| Regular (REDUCED FAT, NAS, NCS)                           | Height:                           |            |
| Diabetic  | Temperature                       |            |
| Other:  | Blood pressure:                   |            |
| Restrictions: (allergies, textures, etc.)                 | Heart rate:                       | (R): (AP): |
|   | History of seizures?              |            |
| All clients are required to have a tuberculosis screening | Last known seizure                |            |
| Last P.P.D. test:   |                                   |            |
| Last chest x-ray:   |                                   |            |
| Results:  |                                   |            |
|   |                                   |            |

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|  |  |
|--|--|
| Current medications: dosage and frequency  |  |
| At home meds:  | Meds taken at RIO (7:30 a.m. - 4:00 p.m.)                        |
|  |  |
|  |  |
| Past medical history (please list any hospitalizations and/or surgeries):  |  |
|  |  |
|  |  |
| In the event of mild pain, my patient may be given the following PRN:  | May be repeated every four hours?<br>Yes                      No |
| Tylenol (two tablets):   | Strength:  |
| Advil (one tablet):  | Strength:  |
| Aspirin (5 gr, two tablets):   | Strength:  |
| TUMS (two tabs po)   | Strength:  |
| Other:   | Strength:  |
| Special orders: All participants attending RIO are monitored by the nurse, who will notify you of any significant changes. The Physical Therapist, Occupational Therapist, and Speech Therapist routinely evaluate all participants to assess his/her needs. Evaluation and treatment will be provided as appropriate for each participant unless contraindicated. |  |
| I am ordering the following evaluation and treatments (note frequency and duration):   |  |
| Physical Therapy   | Occupational Therapy   |
| Speech Therapy   | Aqua Therapy<br>(RIO Orange only)                                |
| <b>By signing I approve of my patient to attend the Adult Day Health Care program at RIO</b>   |  |
| Physician's signature  | Date:  |
| Physician's name:  | Phone number:  |
| Physician's address:   | Fax number:  |
|  |  |
|  |  |
|  |  |