

BLESS TO THE MAX, INC.

Personal Care Homes — Gordon & McIntyre, Georgia

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"Working to make a difference in seniors' and disabled adults' lives."℠

PHYSICIAN'S VISIT / ORDER FORM

Resident's Name: _____ Date: _____

Weight: _____ BP: _____ Pulse: _____

Physician: _____ Tel: _____

Address: _____ City: _____ State: GA Zip: _____

PURPOSE FOR VISIT: __ Routine visit __ Other: _____

AT PRESENT TIME OUR RESIDENT IS BEING GIVEN THESE MEDICATIONS:

Medication Name | Strength | Amount Given | Time/Day | Ordered by

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Do you want these medications to continue? Yes: _____ No: _____

Physician notes:

_____

_____

_____

Physician Signature: _____ Date: _____