



616 16TH AVENUE NORTH, NAMPA, IDAHO 83687
PHONE (208) 465-PARK FAX (208)442-3072

Physician's Admission Orders

Patient Name: _____ Date of Birth: _____

Physician: _____

Admit to Park Place with diagnosis of: _____

I certify that the patient requires Assisted Living care. Yes _____ No _____

Diet Order (Please circle): General No added salt No concentrated sugars

May use salt substitute: Yes _____ No _____ May use alcoholic beverages: Yes _____ No _____

May have annual flu vaccine: Yes _____ No _____

May have pneumovax (if not already given): Yes _____ No _____

May leave the facility with medication for visits, recreation, etc.: Yes _____ No _____

May see the podiatrist, eye doctor, and dentist of choice: Yes _____ No _____

Lab and/or X-Ray orders: _____

Obtain Home Health (circle): P.T. O.T. R.T. SPEECH NURSING

Evaluate and treat as recommended.

Allergies: _____

Resident is capable of self-administering medications: Yes _____ No _____

Appropriate to update medication orders every 90 days: Yes _____ No _____

Medication Orders (Including over-the-counter):

Medication:	Directions:
1. _____	_____
2. _____	_____
3. _____	_____

4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Generic equivalents may be used unless otherwise ordered: Yes _____ No _____

Exception: _____

Standing House Orders	(Circle dosage please)	(Circle yes or no)	
Acetaminophen 325 mg or 650 mg PO/PR Q4-6h prn pain or fever	Y	Y	N
Dulcolax Supp. 1 PR QD prn constipation	Y	Y	N
MOM 30cc PO QD prn constipation	Y	Y	N
Tums 1-2 PO Q6H prn indigestion	Y	Y	N
Imodium 2 initially, then 1 after each loose stool, NTE 4 doses/24 hours	Y	Y	N

Comments or special instructions: _____

Other Orders: _____

Physician's Signature: _____ Date: _____