## **Loving Touch Elderly Assistant Care**

280 E. Sterne Blvd. Centennial, CO 80122 Phone: (303) 798-0074 Fax: (303) 798-0139

## **Physician's Assessment and Medication Orders**

Please Print or Type:	
Resident:	
The above named person is currently residing in or is considering residences in a percare boarding home. The following information is requested to certify that the board care home can appropriately provide for the needs of this person based on your knoof this person's capabilities/limitations and needs.	rd and
Diagnosis:	
Allergies:	
Dietary Restrictions/Special Needs:	
Physical Limitations:	
Mental Limitations:	
Activity Restrictions:	
Is this person free from communicable disease? Yes	No
Comments:	
Does this person suffer from any condition that would preclude admission to a pers	onal care
boarding home? Yes No	
Commonts:	