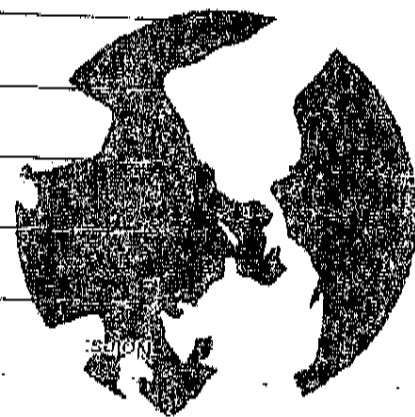


CONFIDENTIAL



D.O.B.
10/25/85

To: Dr. S. K. H.
From: Gilbert Meyer MD
Re: Aaron Neely
CC: Adult wait list Day Care CT.
Pages: 3 pages: Lower St
Date: 1.29.16
Fax: 972 (675-7310)

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

CONFIDENTIAL

Heart Healthy Diet

Instructions/Notes/Comments:

Section IV: Special diet

<input type="checkbox"/> Behavior/Emotional Problems	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Nausea	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Falls Easily	<input type="checkbox"/> Other:
<input type="checkbox"/> Contractors	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Spasmodic	<input type="checkbox"/> Pain	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Tremors	<input type="checkbox"/> Unable to Stand for Long	<input type="checkbox"/> Cognitive Impairment
<input type="checkbox"/> Limited Range of Motion	<input type="checkbox"/> Uses Ambulation Device	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Numbness	<input checked="" type="checkbox"/> General Weakness	<input type="checkbox"/> Difficulty Swallowing	<input type="checkbox"/> Limited Dexterity	<input type="checkbox"/> Hearing Impairment

Section III: Functional Limitations Related to Medical Diagnoses

Information	HTA
Wt Loss	
Admission to eat	

Section II: List Chronic Medical Diagnoses from the Last 12 Months

DAHS Facility Name (Last, First, Middle Initial)	DAHS Nurse	DAHS Area Code and Telephone No.
Nancy Green	Alberta Maye B...	(214) 571-
DAHS Facility Address (Street, City, State and ZIP Code)	3200 S Comstock Rd Dallas, TX 75216	

Section I: Individual Information

Individual Name (Last, First, Middle Initial)	Date of Birth	Individual No.
Nancy Green	10/25/85	

Day Activity and Health Services (DAHS) is a licensed day care program for the aged and/or disabled administered by the Texas Department of Aging and Disability Services. The program provider must have services available for eligible individuals at least 10 hours per day, Monday through Friday, except holidays. Services include licensed nursing care, planned activities, hot lunch and mid-morning/afternoon snacks, personal care assistance, transportation to and from the facility, therapies and treatments.

Day Activity and Health Services (DAHS)
Physician's Orders



Signature - Physician _____
 Today's Date _____
 Date of Verbal Order (if app.) _____
 End Date (if order is time limited) _____

I certify this individual has a chronic medical diagnosis other than an intellectual and developmental disability or mental health condition and a functional limitation, and hereby order the above care, monitoring or intervention by a licensed nurse to be performed at the DHS facility.

Therapies or treatments performed at DAHS, including monitoring tasks, specific interventions or procedures.			
Ordered Treatments/Monitoring/Intervention	Frequency	Notes/Comments	
Monitor vital signs	Monthly (per)	HTO - Right pty. glen. Cmbn.	
Weights	Monthly (per)	wt loss, glucose 7.00	
Mental Earnings/Personality Change	Monthly (per)	Schizophrenia	

[illegible]

To provide better emergency care, list all known medications taken; not only those prescribed by this office, such as Prescribed/PRN/OTC.

Section V: Medications and Treatments

Individual Name (Last, First, Middle Initial)	10/25/85
Date of Birth	