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

Section I. Individual	Information	-						
Individual Name (Last, Firs	D.O.B (month/day/year)			/year)	Individual No,			
Nealey G	Nealey agren				25/198	·5~		
DAHS Facility Name			DAH	DAHS Nurse Glberte Mager Run		_	DAHS Area Code and Telephone No.	
We Care adult Any Can the DAHS Facility Address 3200.5. Lanoate, Suite 609 1			Ų,	lberto	Many	u_kur_	214) 371-7	
3360 5 Longito	∀ :	0 0 II	N 10/.		<i></i>			
Section II Physician'	o Ordorov Li	ot Active	Madical D	<i>  X   1</i>	3/6	· · · · · · · · · · · · · · · · · · ·	/	
Section II. Physician'	S Orders. Li	St Active i					be .	
1 5 1			Active I	Medical E	iagnosis			
2 OCHIZOPHINIA	*				• • • • • • • • • • • • • • • • • • • •			
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Section III. Physician's	s Orders: A	physician	's order is	require	ed for tre	atment in	cluding procedures, monitoring or	
intervention to be adn			S facility.		· · · · · · · · · · · · · · · · · · ·			
Ordered Treatments/Monitoring/Intervention			Frequency				Related Medical Diagnosis	
Vital Sign					··			
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Section IV. Special Die	et: (If the onl	y need is	for a spec	cial diet	, this do	es not mee	et the medical need criteria)	
None Diabetic				Γ	] Low So	odium	Low Cholesterol	
Bland	and Mod. Texture				⊐ ີ Calorie			
Other (Specify):		•		L.				
Instruction/Notes/Com	ments:							
Section V. Medications	s: To be adn	ninistered	at the DA	HS faci	lity by th	e DAHS R	N or LVN. (Including PRN	
Prescription)								
Medication	Dosage	Route	Fr	requency			Related Medical Diagnosis	
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Medication	Dosage	Route	Frequency	Instructions	Needs Reminding		
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Section VII. Medication	ns: Medicat	⊥ions take	n at home				
Medication	Dosage	Route	Frequency	Related M	ledical Diagnosis		
Trazadone	50 mg	P.0	à Bestina	Sleep	iodisci Diagnosis		
Denstropine mes	1 mg	PO	g Bedtine Bid , Tels Bed	Sleep Schaghein Symplosia			
Denztropine mes Disperdel	2 mg	PU	, Tel Bed	Signed	) spaces		
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ection VIII. Medicatio	ons: Over-the	e-counter	PRN medications				
Medication	Dosage	Route	Frequency	Related M	Related Medical Diagnosis		
ection IV Physiciania		n					
certify this individual ha	s a medical di:	agnosis an erformed a	d a functional limitation and	I hereby order the above ca	are, monitoring or		
,	s a medical dia I nurse to be p	criorineu a	t the DANS facility.				
certify this individual ha	s a medical dia I nurse to be p	criorineu a	d a functional limitation and t the DAHS facility. ner or member of the servic				
certify this individual ha	s a medical dia I nurse to be p	criorineu a	t the DANS facility.				
certify this individual had tervention by a licensed also certify that I am not	s a medical dia I nurse to be p a significant c	criorineu a	t the DANS facility.				
certify this individual had tervention by a licensed also certify that I am not Signature – Physic	s a medical dia I nurse to be p a significant d	criorineu a	her or member of the service $\frac{1}{2}$	e provider requesting this	order for DAHS.		
certify this individual had elervention by a licensed also certify that I am not	s a medical dia I nurse to be p a significant d	criorineu a	ner or member of the service    1	e provider requesting this	order for DAHS.  End Date (if order is time limited)		
certify this individual had tervention by a licensed also certify that I am not Signature – Physic	s a medical dia I nurse to be p a significant o	owner, part	ner or member of the service	e provider requesting this	order for DAHS.		