SARATOGA COUNTY MAPLEWOOD MANOR
149 BALLSTON AVENUE
BALLSTON SPA, NEW YORK 12020
PHONE (518) 885-2233 FAX (518) 885-2226

PHYSICIAN'S ORDER FOR NURSING HOME PLACEMENT

PT'S NAME: _____ **DOB:** _____
ADDRESS: _____

PROBLEM PRECIPITATING NURSING HOME PLACEMENT: _____
_____

DIAGNOSES: _____
_____

CURRENT MEDICATIONS: _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

FOOD/DRUG ALLERGIES: _____

DIET: _____ **HGT:** _____ **WGT:** _____

BRIEF MEDICAL HISTORY, INCLUDING ANY RECENT HOSPITALIZATIONS: _____
_____
_____

PAST SURGICAL HISTORY: _____
_____

IMMUNIZATIONS & TESTS:

Adult D/T	**Yes / No**	**Date:** _____
Fluogen	**Yes / No**	**Date:** _____
Pneumovax	**Yes / No**	**Date:** _____
Mantoux	**Yes / No / CXR**	**Date:** _____

Mantoux prior to admission is preferred. If there is a history of a positive Mantoux, the results of a chest x-ray must be submitted.

PHYSICIAN'S NAME & ADDRESS: _____
_____

PHYSICIAN'S SIGNATURE & DATE: _____
_____

SUBMIT COPY OF MOST RECENT H&P, ONE YEAR OF MEDICAL RECORDS, IMMUNIZATION RECORDS
AND ANY PERTINENT X-RAYS OR LAB WORK

PLEASE RETURN TO Michelle Bush AT ABOVE ADDRESS OR FAX NUMBER