



# Eliza Huntington MEMORIAL HOME

Administrator: Tina M Yeitz  
Director of Resident Care: Sandra Hill  
Business Manager: Christine Longo

At this time we feel it is necessary to have permission on whether or not your patient may have the following over the counter medications. Please indicate below as you see appropriate for the following individual.

Patient Name: \_\_\_\_\_

Regular strength Tylenol 325mg – Adults take 2 tablets every 4-6 hours as needed. Do not take more than 10 tablets in 24 hours

Yes \_\_\_\_\_ No \_\_\_\_\_

Extra Strength Tylenol 500mg – Adults take 2 tablets every 6 hours while symptoms last. Do not exceed 6 tablets in a 24 hour period

Yes \_\_\_\_\_ No \_\_\_\_\_

Tylenol PM – Adults take 2 tablets at bedtime. Do not take more than 2 in a 24 hour period.

Yes \_\_\_\_\_ No \_\_\_\_\_

Ibuprofen 200mg – Adults take 1 every 4 to 6 hours while symptoms persist, if pain or fever does not respond 1 to 2 tablets may be used. Do not take more than 6 in a 24 hour period.

Yes \_\_\_\_\_ No \_\_\_\_\_

Imodium – Adults take 2 tablets after the first loose stool and 1 after each subsequent loose stool. Do not take more than 4 tablets in a 24 hour period.

Yes \_\_\_\_\_ No \_\_\_\_\_

TUMS - Adults chew 2-4 tablets as symptoms occur or as directed by your doctor. Do not chew more than 10 tablets

Yes \_\_\_\_\_ No \_\_\_\_\_



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Milk of Magnesia – Adults 2-4 tablespoons (30-60ml) for constipation once a day, preferably at bedtime followed by 8oz of fluid. May be divided in doses.

Yes \_\_\_\_\_ No \_\_\_\_\_

Pepto Bismol – Adults take 2 tablespoons every ½ to 1 hour as needed. Do not take more than 8 doses (16 tablespoons) in 24 hours.

Yes \_\_\_\_\_ No \_\_\_\_\_

Tussin Cough Medicine - Adults take 2 teaspoons every 4 hours for cough. Do not take more than 6 doses in a 24 hour period

Yes \_\_\_\_\_ No \_\_\_\_\_

Patient may have alcoholic beverage

Yes \_\_\_\_\_ No \_\_\_\_\_

COVID Vaccination

Yes \_\_\_\_\_ No \_\_\_\_\_

Date of vaccinations:

First Dose \_\_\_\_\_

Second Dose \_\_\_\_\_

Booster Dose \_\_\_\_\_

**\*\*\*\*\* (Orders are good until physician determines a need for change)**

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Physician Evaluation and History

Your patient, \_\_\_\_\_ has applied for admission to the Home. Please complete this form for our records so that we may determine the level of care she may need.

Date last seen: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Tuberculosis Test: \_\_\_\_\_

General Appearance: \_\_\_\_\_

Current Diagnosis: \_\_\_\_\_

Chief Complaints: \_\_\_\_\_

Past Health History

Adult Illnesses: \_\_\_\_\_ Family History: \_\_\_\_\_

Surgeries: \_\_\_\_\_ Allergies: \_\_\_\_\_

Injuries: \_\_\_\_\_

Mental Condition  Clear  Partly Confused  Very Confused

Are there any psychiatric problems?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Recent Infections?  Yes  No Please explain: \_\_\_\_\_

Treatments Received: \_\_\_\_\_

Skin: \_\_\_\_\_ Chest: \_\_\_\_\_ Head and Neck: \_\_\_\_\_

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_ Gastrointestinal: \_\_\_\_\_

Genitourinary: \_\_\_\_\_ Gynecological: \_\_\_\_\_

Continent: \_\_\_\_\_ Incontinent: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_ Neurological: \_\_\_\_\_



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Ambulation:  Excellent     Good     Fair     Poor  
 Cane     Walker     Needs Wheelchair

Does the patient need any of the following?     PT     OT     Therapies

Insulin Dependent: \_\_\_\_\_ Is Oxygen needed: \_\_\_\_\_ Any appliances: \_\_\_\_\_

Special diets needs: \_\_\_\_\_ Assistance with ADL's: \_\_\_\_\_

Are there any other medical concerns?

\_\_\_\_\_

Please list current medications:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

It is the policy of the Home to supervise all resident medications.

I, \_\_\_\_\_ M.D., certify that this patient does not require nursing care and is ambulatory under the meaning of the Connecticut State Law. (The term ambulatory under the meaning of the law when used in relation to a person, shall mean one who, without the aid of another, is physically and mentally capable of walking a normal path to safety, including the ascent and descent of stairs.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_