<u>Vermont Congregational Home, Inc.</u> dba Frances Atkinson Residence for the Retired

4717 Main Street
Newbury, Vermont 05051
(802) 866-5582 phone; (802) 866-5585 fax
director.atkinson@gmail.ccom

Doctor Admission Order

As per section V. Resident Care and Home Services 5.2

Instructions for Doctor- Please complete before resident is admitted to Atkinson Residence for the Retired.

Resident Name:	DOB		
Physician's Statement including Med (5.2.b)	dical Diagnosis		
Physician's Psychiatric Diagnosis			
Medication Allergies			
Dietary restrictions (5.5.c)			
Address whether or not resident is ab	ole to go up 15 stairs	Yes	No
Address whether or not resident is ab	ole to go down 15 stairs	Yes	No
Please include up-to-date list of all a	ctive medicines, as well	as over tl	ne counter meds
Doctor Signature			Date
Resident or Responsible Party Sign	nature	Date	
For Atkinson Residence			Date

Francis Atkinson Residence for the Retired 4717 Main Street, Newbury, VT 05051 802-866-5582 phone 802-866-5585 fax

RESIDENT ADMISSION ORDERS

RESIDENT: DOB: ADMISSION DATE: ORDER	
ORDER MEDICATION OR TREATMENT ORDER SUPPORTING DIAGNOSIS	
DATE	<u>-</u>
PRESCRIBER'S NAME:	
SIGNATURE:	