



**ADMINISTER MEDICATION / HEALTH STATEMENT**

To: \_\_\_\_\_  
Physician

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

RE: \_\_\_\_\_  
Patient's Name

Birth Date: \_\_\_\_\_

This above patient is applying for admission to My Father's Retirement Ranch. The following information is required before they can admit:

Yes  No Is this patient appropriate for Assisted Living Supervisory Care or Personal Care?

Health Statement: (detail listing of patient's diagnosis): \_\_\_\_\_

\_\_\_\_\_

Yes  No I hereby authorize *My Father's Retirement Ranch* to supervise or administer medications and treatments. [If yes, **list of medications** resident is currently taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach **hard copy of all prescriptions for medications, treatments, PRN's** and return with resident or representative.]

Yes  No Does the patient have allergies?

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

Yes  No Does the patient need a special diet?

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

Yes  No Does this patient have any violent tendencies?

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

Yes  No Are there any special precautions to be taken for this patient?

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

\_\_\_\_\_

\_\_\_\_\_

PRE-ADMISSION REQUIREMENT:

Yes  No Is this patient free from pulmonary tuberculosis?

If yes, please **attach results of TB skin test or chest x-ray given within the last 6 months.**

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

Thank you in advance for your cooperation.

**Return this original signed and dated form and original prescriptions to:  
My Father's Retirement Ranch, 400 N. Jefferson, Wickenburg, AZ 85390  
and fax a copy to 928-684-5925**