



Physician Admission Medical Assessment

Participant Name: _____ Date of Birth: _____ Facility _____

CURRENT MEDICATION LIST

Adult Life Program participants may require medication administration while attending the program. In accordance with 10A NCAC 27G.0209, (C), (1) "Prescription and non-prescription medications can only be administered to a client on written order of a person authorized by law to prescribe drugs." Please list the participant's current prescription medications and over the counter medications. The physician or licensed provider must sign this form, verifying that the list is correct.

<u>Medication</u>	<u>Strength</u>	<u>Dosage Instructions</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Signed: _____ Date: _____
(Licensed Physician or Physician Assistant)

*** You may continue list on back if needed

Please return or fax return to Adult Life Programs.

Fax: Hickory: 828-322-9174 Conover: 828-464-6081 Maiden: 828-428-9991