

Resident _____ Physician _____ Date _____

- Notify me each time the resident refuses medications or treatments
- Do not notify me if this resident refuses any medications or treatments with the following exceptions: _____

Generic equivalents may be used unless otherwise specified: Yes No

PRN medications and treatments not used for 90 days may be discontinued at the discretion of the licensed staff after evaluation Yes No

Current Treatments: _____

Recommended Diet:	Food Allergies
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Residents living at this community eat in the dining room and choose from a selection of foods that allow them to maintain their own diet and are restricted only by their own selections. The following diets may be provided. Please indicate if this resident should follow one of these:

Diet: Regular No Added Salt No Concentrated Sweets Mechanical Soft Pureed

Liquids: Thin Honey Thickened Nectar Thickened

May the resident have alcohol on special occasions? Yes No

Signatures

Nurse Reviewing _____ Date/Time: _____

Physician Signature _____ Date/Time: _____

DOW Review _____ Date/Time: _____