Rosewell Adult Day Center

Admission Form – Elderly Participant with Chronic Disease

Participant Information

Full Name: _____
Date of Birth: _____
Gender: _____
Address: _____
Phone Number: _____
Emergency Contact (Name/Relationship): _____
Emergency Contact Phone: _____

Medical History

■ Hypertension
■ Diabetes Mellitus (Type I / Type II)
■ Chronic Heart Disease / CHF
■ Chronic Kidney Disease
■ COPD / Asthma
■ Arthritis / Osteoporosis
■ Cancer (current or past)
■ Neurological disorders (Parkinson's, Epilepsy, etc.)
■ Depression / Anxiety / Mental Health Conditions
■ Other: _____
Date of Diagnosis / Year(s): _____
Recent Hospitalizations (past 12 months): _____

Medication Management

Current Medications (Name / Dosage / Frequency): _____
Allergies: _____
■ Antihypertensives (ACE inhibitors, Beta-blockers, Diuretics)
■ Antidiabetics (Insulin, Oral agents)
■ Antiplatelets/Anticoagulants
■ Statins (Cholesterol-lowering therapy)
■ Inhalers (Bronchodilators, Steroids)
■ Pain Management (NSAIDs, Acetaminophen, Opioids)
■ Mental Health Medications (SSRIs, Antipsychotics, Anxiolytics)
■ Other: _____

Functional Status (ADLs/IADLs)

Mobility: ■ Independent ■ Uses Cane ■ Uses Walker ■ Wheelchair
Feeding: ■ Independent ■ Needs Assistance ■ Special Diet
Dressing: ■ Independent ■ Needs Assistance

Toileting: ■ Independent ■ Needs Assistance ■ Incontinence
Bathing: ■ Independent ■ Needs Assistance
Communication: ■ Clear ■ Limited ■ Nonverbal

Consent

I hereby consent to participate in services and activities at Rosewell Adult Day Center.
Participant/Guardian Signature: _____ Date: _____

Rosewell Adult Day Center

Individualized Care Plan – Elderly Participant with Chronic Disease

Participant Name: _____
Date: _____
Review Date: _____

1. Medical & Nursing Needs

- Monitor vital signs (BP, HR, blood glucose, O2 saturation) as ordered.
- Manage chronic disease symptoms (e.g., dyspnea, fatigue, edema, pain).
- Administer and document medications.
- Coordinate with primary care provider and specialists.

2. Medication Management

- Hypertension: Monitor BP; ensure antihypertensive compliance.
- Diabetes: Monitor blood glucose; provide dietary support.
- Heart Disease: Monitor for chest pain, edema, weight changes.
- COPD/Asthma: Monitor oxygen use and inhaler compliance.
- Arthritis/Osteoporosis: Pain management and mobility support.
- Mental Health: Track mood, behavior, and med compliance.

3. Therapy & Rehabilitation Goals

- Exercise tailored to chronic condition (chair exercises, walking).
- Physical therapy for mobility and balance.
- Occupational therapy for ADL independence.
- Education sessions for disease self-management.

4. Nutrition & Dietary Needs

- Cardiac: Low sodium diet, fluid restrictions if ordered.
- Diabetic: Consistent carbohydrate meals, snacks, and glucose monitoring.
- Renal: Low potassium/phosphorus diet as ordered.
- General: Balanced meals, hydration, texture modifications.

5. Cognitive & Emotional Support

- Provide memory aids if needed.
- Support group activities to reduce isolation.
- Monitor for depression or anxiety related to chronic illness.

6. Safety Measures

- Fall risk precautions and assessments.
- Emergency protocols for acute exacerbations.
- Proper use of mobility devices and oxygen.

7. Family & Caregiver Support

- Education about chronic disease management.
- Provide status updates.
- Referral to community resources (home health, support groups).

8. Progress & Review

- Review care plan every 90 days or upon health changes.
- Share updates with participant, caregiver, and providers.

Signatures:

Nurse/Coordinator: _____ Date: _____
Participant/Guardian: _____ Date: _____
Physician (if applicable): _____ Date: _____