



315 South Monroe Street
Muncie, Indiana 47305
765-286-2800 Fax: 765-286-3097

To the examining physician:

A physical examination is required of participants who attend the Alpha Center, an Adult Day Care Service for the Elderly. Our purpose is to assess the applicant's ability to participate in the center activities as well as to be able to give better care if he/she should become ill.

Please list ***all medications, dosages and frequency*** of administration so we may supervise the participant in taking any required medications. We shall be glad to carry out any instruction you may have for continued treatment or medical supervision while the applicant is in our care.

I give my permission to supply the following information to the Alpha Center.

Applicant _____ **Date** _____

Name _____
Address _____
Phone _____
Birth Date _____

Last Examination Date _____

Height _____
Blood Pressure _____

Weight _____
Pulse _____

Diabetic _____
Heart Disease _____
Pulmonary Disease _____
Significant Neurological Problems _____
Physical Limitations _____
Allergies to:
Food _____
Drugs _____
Special Diet _____
Can applicant participate in regular joint mobility exercise? _____
Exercise Limitations? _____

Please list all current medications:

Physician Signature: _____ Date: _____