

**Day Activity and Health Services  
Physician's Orders**

Day Activity and Health Services (DAHS) is a licensed day care program for the aged and/or disabled administered by the Texas Department of Aging and Disability Services. The program provider must have services available for eligible clients at least 10 hours per day, Monday through Friday, except holidays. Services include licensed nursing care; planned activities; hot lunch and mid-morning/afternoon snacks; personal care assistance; social services; and transportation to and from the facility, therapies, and treatments.

Client Name (Last, First, Middle)		Client No.
Provider Agency Name	Provider Agency Nurse	Telephone No.. (inc. A/C) (      )
Provider Agency Address		

**PHYSICIAN ORDERS: A physician s order is required for this service. A physician s order is also needed for medications/treatments/special diet.**

MEDICAL DIAGNOSIS	DATE OF ONSET*	MEDICAL DIAGNOSIS	DATE OF ONSET*

\*If date unknown, you may state "chronic" or "long-standing."

Present Condition <input type="checkbox"/> Stable <input type="checkbox"/> Improving <input type="checkbox"/> Deteriorating	Prognosis <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Restricted Activities
Special Diet <input type="checkbox"/> None <input type="checkbox"/> Diabetic <input type="checkbox"/> Low <input type="checkbox"/> Low <input type="checkbox"/> Calorie <input type="checkbox"/> Bland <input type="checkbox"/> Other		
Ordered Treatment(s)      Cholesterol      Salt      Restricted      (specify):		
Specify Frequency (if ordered)		
BP:	Pulse:	Resp.:      Wgt.:

ORDERED MEDICATIONS	DOSAGE	ROUTE	FREQUENCY	MEDICATION ADMINISTRATION AT DAHS
				<input type="checkbox"/> Client May Self-Admin. <input type="checkbox"/> With Supervision <input type="checkbox"/> Licensed Nurse
				<input type="checkbox"/> Client May Self-Admin. <input type="checkbox"/> With Supervision <input type="checkbox"/> Licensed Nurse
				<input type="checkbox"/> Client May Self-Admin. <input type="checkbox"/> With Supervision <input type="checkbox"/> Licensed Nurse
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				<input type="checkbox"/> Client May Self-Admin. <input type="checkbox"/> With Supervision <input type="checkbox"/> Licensed Nurse
				<input type="checkbox"/> Client May Self-Admin. <input type="checkbox"/> With Supervision <input type="checkbox"/> Licensed Nurse

**I HEREBY PRESCRIBE DAHS FOR THIS CLIENT**

Please have client make an appointment for an evaluation of need for services.      Comments: \_\_\_\_\_

**I also certify that I am not a significant owner, partner or member of the provider agency requesting this order for DAHS.**

**X** \_\_\_\_\_      Today's Date (mo./day/yr.)      Date of Verbal Order (if app.) (mo./day/yr.)

Signature-Physician

Physician's Name (please type or print)	<input type="checkbox"/> MD <input type="checkbox"/> DO	License No.	State
Physician's Address (Street, City, State, ZIP)		Telephone No. (inc. A/C) (      )	