AgingWell Adult Day Health Center
420A Maple Street, Unit 25
Marlborough, MA 01752
1-508-485-7700

Referred by:_____
Date: _____
Phone: _____
Anticipated start day _____

ADULT DAY HEALTH APPLICATION

Applicant's Name:_____ DOB:_____ Male / Fem

Permanent Address: _____City: _____ Zip: _____

Telephone: _____ SS# _____-_____-_____

Status: Married □ Widow □ Divorced □ Single □ Separated □

Lives: 1. Alone □ 2. With Family □ 3. Cong. Housing □ 4. Group Home □

5. Foster Care □ 6. Rest Home □ 7. Other □ _____

Place of Birth _____ Language Spoken: _____

1st Family Contact _____ Phone # _____

2nd Family Contact _____ Phone # _____

Primary Care Doctor: _____ Phone # _____

Address: _____City: _____ Zip: _____

Other Doctors: _____ Specialty _____

_____ Specialty _____

Mental Health Provider: _____ Phone # _____

Hospital Affiliation: _____ Phone # _____

Transportation: Ambulatory □ Wheelchair □ Carry Down □ Monitored Van □

Provided by: AgingWell Center □ Family □ Self □ Other □

Funding Source: (Check all that apply) 1) Medicaid □ Com. Of Blind □ Spenddown □ 2) VA □

3) Baypath □ 4) Worcester Elder Serv. □ 5) Man. Medicaid – SCO _____ 5) Private □

Medicaid# _____ ASAP _____

Medicare # _____ A / B / Both Other _____

Fin. Responsible Party _____ Relationship: _____

Address: _____ City: _____ Zip: _____

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Patient's Name _____

Home Care Agency: _____ Case Manager:_____ Ph# _____

Home Health Agency: _____ Nurse: _____ Ph# _____

Level of Assistance for functional Limitations / behavior concerns: Assist by 1□ 2□ Carry Down □

W/C lift□ Attended at all times□ Tends to Wander□ Easily Upset□

Vision Impairment□ (Please explain) _____

Concerns: Diabetes □ Angina/Chest Pain □ Seizures □ History of Falls □

Serious Breathing Problems□ Other Emergency Medical Needs □ _____

Diet: Regular □ Low Fat □ Fat Free□ Sugar Free□ Lactose Free□

Restricted □ (Specify) _____ Eating assist. (please explain)_____

Diagnosis: _____

Allergies: _____ **Code Status** _____

Client Strengths / Other Comments: _____

_____

_____

_____

For Office use only:

Start Date: _____ Authorization: _____

Misc. notes:

_____