



445 A Willard Ave  
Newington, CT 06111

Date: \_\_\_\_\_

Dear: \_\_\_\_\_:

Your patient has indicated an interest in attending Family Adult Day Care Center.

*Enclosed please find:*

- **Medical Information and Order Form** that is required to be returned to us before a client is admitted to the program (and annually thereafter).
- **A two-step PPD must be performed prior to admission.** Your patient may be exempt from a PPD if a negative chest x-ray is available (within one year of admission). The first step PPD may be performed in the physician's office, prior to admission 2<sup>nd</sup> PPD; 2 weeks later can be done while a client is at Family Adult Day Care.
- **"Standing Orders" are included on this Medical Form.** If these orders are contraindicated for your patient, please advise.

Family Adult Day Care Center uses humanistic approaches that emphasize individual programming designed to meet our client's physical, mental and emotional needs. Our services include transportation to and from the center (Newington and surrounding communities), Therapeutic Recreation, Nursing Services and medication management, personal services, including requests for showers, nutritious snacks and a hot lunch.

Your input is a valuable part of our admission process as it is used to design a comprehensive treatment plan designed to keep our clients safe and healthy in a community setting. We will be in contact with you annually for updates on treatment orders and medications. Clients cannot be admitted to our program without this form.

It would be appreciated if the medical form were completed and returned to us immediately.  
**It can be faxed to (860) 372-4013** .

If you have any questions or concerns regarding our services and/or your patient, please feel free to call us at (860) 436-2013. .

Thank you,

The Nursing Staff

Family Adult Day Care