

WELCOME TO THE ADULT DAY SERVICES CENTER at JOURNEY'S WAY



4200 B Mitchell Street, Suite 1000
Philadelphia, PA 19128
215-487-1750

Thank you for your inquiry. We encourage you to visit our program and to let us know a little about you. You can call us to speak with us directly, or fill out this inquiry form and email to: info@journeys-way.org or fax it to the Adult Day Services Center at 215-483-0806. We will call you upon receipt of your inquiry or you are welcome to call at 215-487- 1750 to arrange a convenient time for a visit. We pride ourselves on providing a caring and individualized service so as to help our participant and their families have a great day at our center.

We offer many services during the day including, but not limited to:

- Meaningful and enjoyable activities and socialization—open from 7 AM to 6 PM
- Breakfast, Hot Lunch, and Snack – accommodating individual need, as well as an option to take a boxed dinner home with you
- Health Screenings with nursing oversight and coordination of other health care services as needed
- Laundry, grooming, and showers
- Help connecting to appropriate community resources
- Family and Caregiver support -- knowing that your loved one is being cared for by knowledgeable, caring staff

Please tell us a little about yourself and your family member:

Name of Person inquiring: _____

I am looking for Adult Day for my (name and relationship?) _____

How can we reach you and your family member?

Inquirer
Address: _____

Potential Participant
Address: _____

(Home)Phone: _____

(Home)Phone: _____

(Cell): _____

(Cell): _____

Email: _____

Email: _____

How did you hear about the Adult Day Services Program at Journey's Way?

We hope you will consider enrolling. We will contact you soon to follow up on your visit and answer any of your questions. In the meantime, feel free to call us at any time at 215-487-1750.

We are providing you a copy of our state mandated medical form. This must be completed before admission and it is the most time consuming part of our intake process. Please feel free to take it with you the next time you visit your physician to get a head start!

Thank you for your Inquiry!

MEDICAL EXAMINATION

4200 B Mitchell Street, Suite 1000 Philadelphia, PA 19128
P: 215-487-1750 F: 215-483-0806 Email: adultdayservice@journeys-way.org

Name: _____

D.O.B.: _____

Exam Date: _____
(Must be within 3 months)

Height: _____ Weight: _____

BP: _____ HR: _____

RR: _____ GLUCOSE: _____

Medical HX and DX: _____

Pertinent Physical Findings: _____

Precautions/Contraindication: _____

Systems Review: Respiratory CV

Digestive Endocrine Neuro Psych

Immune Skin Excretory Vision

Msc - Skeletal Sensory Auditory

Cognition: _____

Allergies: _____

Diet: _____

Current Medications:	Dosage / Schedule
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Allowable PRN meds: Dosage / schedule (Center will use standard dosage if non provided)

Acetaminophen _____

Ibuprofen _____

ASA _____

Imodium _____

Antacid _____

Barrier Cream Antibiotic Cream

OTHER: _____

Attach script for any PRN meds with dosage.

PPD administered: (Date) _____ Administered by: _____
(Name / Credentials)

Date read: _____ Result: _____

Read by: Signature & Credentials (only MD, RN or LPN): _____

Positive PPD or history of TB. Attach CXR report indicating no current TB. Date CXR: _____

I have examined the above mentioned patient and find that patient:

Is not in need of hospital care or confined to bed. Is free from communicable disease/infections and behaviors that could endanger themselves, other participants, or the staff. May attend the Adult Day Program.

Physician Signature: _____ Date: _____

Name (Please Print): _____

Address: _____

Phone: _____ Fax: _____