



THE WESLEY COMMUNITY  
WESLEY HEALTH CARE CENTER

The Wesley Community | 131 Lawrence Street | Saratoga Springs, NY 12866 | 518.587.3600 | www.TheWesleyCommunity.org

**PHYSICIAN'S ORDER FOR NURSING HOME PLACEMENT**

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Current Patient Location: \_\_\_\_\_

Problem Precipitating Nursing Home Placement: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Brief History, Including any Recent Hospitalizations: \_\_\_\_\_

Past Surgical History: \_\_\_\_\_

Immunizations & Tests:

Tetanus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___	
Pneumovax	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___	
Mantoux*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___	Results: _____

*\* Prior to admission preferred. If there is a history of a positive Mantoux, the results of a chest x-ray must be submitted.*

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Address

\_\_\_/\_\_\_/\_\_\_  
Date