

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Diet Order:**

Type of diet, \_\_\_\_\_

4 gram Na or NO Added Salt (NAS)     2 gram Na

NCEP Step I     NCEP Step II

\_\_\_\_\_ calorie diabetic diet (ADA)

Low Fat

Other: \_\_\_\_\_

Level of Care:    Independent Living     ARCH     ICF     SNF

**Activity Orders:**

Ambulation:    Ambulatory without Assistance    Walker    Cane    W/C

Passes:    May go on a day-pass without Supervision for a maximum period of \_\_\_\_\_ hours.

May go on day-pass with Supervision for a maximum period of \_\_\_\_\_ hours.

Restraints:    Seat Belt W/C    Side-rails \_\_\_\_\_    Lap Tables    Other: \_\_\_\_\_

**Medications, Vitamins and Supplements:**

(Please include Drug name, dosage, route, and frequency)

**Other:**

Date: \_\_\_\_\_ Physician Name / Signature: \_\_\_\_\_