7121 Old Alexandria Ferry Road Clinton, MD 20735 Phone: (301) 856-5553 Fax: (301) 856-5512



5400 Norfield Road Capitol Heights, MD 20743 Phone: (301) 736-6622 Fax: (301) 856-5512

Date_____

Dear Dr. _____:

One of your patients, ______, has applied to the Helping Hands Adult Day Services. The Helping Hands Adult Day Services center is a therapeutic day program aimed at maintaining elderly persons in the community in their homes. The activities are designed using an individualized plan that includes socialization activities, physical maintenance, reality orientation, activities of daily living skills, and physical therapy, occupational therapy, and speech therapy at our contracted facility rehabilitation suite.

In order to provide this service, the enclosed medical form must be completed. Please note the following items:

- 1. Is the patient free from infectious disease? The applicant must be tested for communicable disease including tuberculosis either chest x-ray or PPD evidence is acceptable.
- 2. Medication. The center has a registered nurse on staff. Medications are kept either under the nurse's or director's supervision.
- 3. Diet. Helping Hands Adult Day Services has a full line of diet options for your patient, including: regular, no added salt, pureed, 2-4 gm sodium, mechanical soft, house diabetic (no concentrated sweets) 1200 calorie, 1500 calorie, and vegetarian. All individual food preferences are honored.
- 4. We encourage all participants to have annual flu vaccines, especially in view of their close association with other elderly persons.
- 5. Non-medical assistance clients are responsible for their contracted physical therapy and occupational therapy fees.

Medication orders are required to be <u>revised in writing at least every 90 days</u>. A medical update is required annually after admission into the program.

As the applicant's personal physician, I ask your assistance in completing the materials and mailing them to the above address as soon as possible. Should any changes be noted in your patient's health/condition or if we should have any questions concerning the above client, the center staff will be in contact with you. Thank you in advance for your time and assistance.

Sincerely,