

Wharton County Junior College Senior Citizens Program MEDICAL REFERRAL FORM

To request to receive Home Delivered Meals (a.k.a. Meals On Wheels), senior citizens must be 60 years of age or older and must have this form completed, signed and returned to the WCJC Senior Citizens Program.

Name _____ Phone (____) _____ D.O.B. _____ Age _____

Address _____ County (Wharton/Colorado)

Emergency Contact _____ (Spouse/Sibling/Child/Other)

Address _____ Phone (____) _____

Physician _____ Phone (____) _____

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1. Identify Past Physical Problems _____
 2. Identify Current Physical Problems _____
 3. Medical Diagnosis _____
 4. Identify Limitations _____
 5. Special Instructions to Follow _____

 6. Signs and/or Symptoms Identifying Complications _____

 7. Reason for Needing Home Delivered Meals _____

 8. The nutrition center's menus contain 1/3 of the essential nutrients that are required for the elderly (per Recommended Dietary Allowances standards). The menus are planned by a registered American Dietitian Association dietitian. The meals are lightly seasoned. Special diet menus are **not available**. Dessert substitutions are made for diabetics. Do you recommend that your client receive the meals? **YES** _____ **NO** _____
 9. Physician's Authorized Signature (**Required**): _____
Medical Service Provider: _____ Phone: (____) _____

Please fax completed forms to **(979) 532-6541** or mail/drop off at:
WCJC Senior Citizens Program, 911 Boling Hwy, Wharton, TX 77488