

Please complete and return to:

Wharton County Junior College Senior Citizen Program, 911 Boling Highway, Wharton, Texas 77488

FAX NO. (979) 532-6530

**PROGRAM FOR SENIORS 60 YEARS AND OLDER
WCJC SENIOR CITIZENS MEDICAL REFERRAL
HOMEBOUND MEALS**

NAME _____ PHONE (____) _____

ADDRESS _____ Date of Birth: _____ AGE _____

FAMILY MEMBER TO CONTACT IN CASE OF EMERGENCY _____

ADDRESS _____ PHONE (____) _____

PHYSICIAN _____ PHONE (____) _____

1. IDENTIFY PAST PHYSICAL PROBLEMS _____

2. IDENTIFY PRESENT PHYSICAL PROBLEMS _____

3. MEDICAL DIAGNOSIS _____

4. IDENTIFY LIMITATIONS _____

5. SPECIAL INSTRUCTIONS TO FOLLOW _____

6. SIGNS AND/OR SYMPTOMS IDENTIFYING COMPLICATIONS _____

7. TYPE OF SERVICE (Home Delivered Meals) AND REASON FOR NEEDING THE SERVICE

8. The nutrition center menus contain 1/3 of the essential nutrients required for the elderly according to the nutrient standards based on the Recommended Dietary Allowances. Menus are planned by a registered dietitian who is a member of the American Dietitian Association. The meals are basically lightly seasoned. Special diet menu are not available. A substitution is made for dessert for diabetics.

Do you recommend that your client receive the meals?

YES _____ NO _____

9. MEDICAL PERSONNEL AUTHORIZED SIGNATURE (REQUIRED): _____

10. MEDICAL SERVICE PROVIDER: _____

TELEPHONE NUMBER: _____

Please complete and return to:

Colorado County Junior College Senior Citizen Program, 930 Travis St., Columbus, Texas 78934

FAX NO. (979) 532-6530

**PROGRAM FOR SENIORS 60 YEARS AND OLDER
WCJC COLORADO COUNTY SENIOR CITIZENS MEDICAL REFERRAL
HOMEBOUND MEALS**

NAME _____ PHONE (____) _____

ADDRESS _____ Date of Birth: _____ AGE _____

FAMILY MEMBER TO CONTACT IN CASE OF EMERGENCY _____

ADDRESS _____ PHONE (____) _____

PHYSICIAN _____ PHONE (____) _____

1. IDENTIFY PAST PHYSICAL PROBLEMS _____

2. IDENTIFY PRESENT PHYSICAL PROBLEMS _____

3. MEDICAL DIAGNOSIS _____

4. IDENTIFY LIMITATIONS _____

5. SPECIAL INSTRUCTIONS TO FOLLOW _____

6. SIGNS AND/OR SYMPTOMS IDENTIFYING COMPLICATIONS _____

7. TYPE OF SERVICE (Home Delivered Meals) AND REASON FOR NEEDING THE SERVICE

8. The nutrition center menus contain 1/3 of the essential nutrients required for the elderly according to the nutrient standards based on the Recommended Dietary Allowances. Menus are planned by a registered dietitian who is a member of the American Dietitian Association. The meals are basically lightly seasoned. Special diet menu are not available. A substitution is made for dessert for diabetics.

Do you recommend that your client receive the meals?

YES _____ NO _____

9. MEDICAL PERSONNEL AUTHORIZED SIGNATURE (REQUIRED): _____

10. MEDICAL SERVICE PROVIDER: _____

TELEPHONE NUMBER: _____