



# Generations Day Care Participant Prescription and Nonprescription

## Participant Registration Form

name: \_\_\_\_\_ phone: \_\_\_\_\_

street: \_\_\_\_\_ city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_

date of birth: \_\_\_\_\_ age: \_\_\_\_\_ Social Security number: \_\_\_\_\_ marital status: \_\_\_\_\_

religion: \_\_\_\_\_ date enrolled: \_\_\_\_\_

primary caregiver's name: \_\_\_\_\_ relationship: \_\_\_\_\_

street: \_\_\_\_\_ city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_

occupation: \_\_\_\_\_ employer: \_\_\_\_\_ work phone: \_\_\_\_\_

home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_ other: \_\_\_\_\_

e-mail address: \_\_\_\_\_

person responsible for payment: \_\_\_\_\_

address (if different from above): \_\_\_\_\_

*Please list at least two people we could contact in the event of an emergency if the caregiver cannot be reached. These phone numbers must be current; please let us know if any changes occur.*

name: \_\_\_\_\_ relationship: \_\_\_\_\_ phone: \_\_\_\_\_

Additional number(s) for this contact: \_\_\_\_\_

name: \_\_\_\_\_ relationship: \_\_\_\_\_ phone: \_\_\_\_\_

Additional number(s) for this contact: \_\_\_\_\_

participant's primary physician: \_\_\_\_\_ phone: \_\_\_\_\_

other physician(s): \_\_\_\_\_

names of persons who are authorized to pick up participant from Generations:

\_\_\_\_\_  
\_\_\_\_\_

### **Please read the following statement, then sign and date below.**

*In the event of an emergency, I give permission for \_\_\_\_\_ to be transported to the nearest emergency room or to my preferred hospital (depending upon the nature of the emergency). I understand that I am responsible for all charges resulting from the emergency care, including ambulance or rescue squad charges. I also give permission for Generations' staff to provide emergency medical personnel with any information which will assist them in treatment of the emergency.*

caregiver's signature: \_\_\_\_\_ date: \_\_\_\_\_

caregiver's name (printed): \_\_\_\_\_

**\*Please provide Generations with copies of the participant's Social Security card, insurance card(s), and Medicare card which we will keep on file in the event of an emergency.**



Generations Day Care  
**Participant Prescription and Nonprescription**

**Medical History Form**

Dear Physician:

Your patient is applying for enrollment at Generations Adult Day Services. The information you provide will help ensure that he/she is given appropriate care and services while at our facility. This information will also serve in providing current medical history in the event of an emergency. Information provided on this form is confidential and will only be released with written authorization. Please attach any pertinent test results to this form. Thank you for your assistance.

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name: \_\_\_\_\_ date of birth: \_\_\_\_\_ sex: \_\_\_\_\_

street: \_\_\_\_\_ city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_

date of last physical exam: \_\_\_\_\_ weight: \_\_\_\_\_ blood pressure: \_\_\_\_\_

date and results of last chest x-ray: \_\_\_\_\_

date and result of last TB test: \_\_\_\_\_

date and result of last auditory exam: \_\_\_\_\_

date and result or last visual exam: \_\_\_\_\_

Does this person require (circle):    *glasses*            *hearing aid* *walker* *cane*    *wheelchair*

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**DIAGNOSIS:**

primary: \_\_\_\_\_

secondary: \_\_\_\_\_

**ALLERGIES:**

food: \_\_\_\_\_

medication: \_\_\_\_\_

other: \_\_\_\_\_

**PHYSICIAN'S ORDERS:**

medications: \_\_\_\_\_

dietary:      Regular                       No Sugar Added                       Diverticulosis

physical limitations: \_\_\_\_\_

recommendations/comments: \_\_\_\_\_

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*I have reviewed the health history of this person and find him/her able to participate at Generations.*

**Physician signature:** \_\_\_\_\_ **date:** \_\_\_\_\_



# Generations Day Care

## Participant Prescription and Nonprescription

Participant name: \_\_\_\_\_ start date: \_\_\_\_\_

1. medication: \_\_\_\_\_ dose/frequency: \_\_\_\_\_  
specific time(s): \_\_\_\_\_ start date: \_\_\_\_\_ purpose: \_\_\_\_\_

2. **medication:** \_\_\_\_\_ **dose/frequency:** \_\_\_\_\_  
**specific time(s):** \_\_\_\_\_ **start date:** \_\_\_\_\_ **purpose:** \_\_\_\_\_

3. medication: \_\_\_\_\_ dose/frequency: \_\_\_\_\_  
specific time(s): \_\_\_\_\_ start date: \_\_\_\_\_ purpose: \_\_\_\_\_

4. **medication:** \_\_\_\_\_ **dose/frequency:** \_\_\_\_\_  
**specific time(s):** \_\_\_\_\_ **start date:** \_\_\_\_\_ **purpose:** \_\_\_\_\_

5. medication: \_\_\_\_\_ dose/frequency: \_\_\_\_\_  
specific time(s): \_\_\_\_\_ start date: \_\_\_\_\_ purpose: \_\_\_\_\_

6. **medication:** \_\_\_\_\_ **dose/frequency:** \_\_\_\_\_  
**specific time(s):** \_\_\_\_\_ **start date:** \_\_\_\_\_ **purpose:** \_\_\_\_\_

7. medication: \_\_\_\_\_ dose/frequency: \_\_\_\_\_  
specific time(s): \_\_\_\_\_ start date: \_\_\_\_\_ purpose: \_\_\_\_\_

8. **medication:** \_\_\_\_\_ **dose/frequency:** \_\_\_\_\_  
**specific time(s):** \_\_\_\_\_ **start date:** \_\_\_\_\_ **purpose:** \_\_\_\_\_

9. medication: \_\_\_\_\_ dose/frequency: \_\_\_\_\_  
specific time(s): \_\_\_\_\_ start date: \_\_\_\_\_ purpose: \_\_\_\_\_

10. **medication:** \_\_\_\_\_ **dose/frequency:** \_\_\_\_\_  
**specific time(s):** \_\_\_\_\_ **start date:** \_\_\_\_\_ **purpose:** \_\_\_\_\_

11. medication: \_\_\_\_\_ dose/frequency: \_\_\_\_\_  
specific time(s): \_\_\_\_\_ start date: \_\_\_\_\_ purpose: \_\_\_\_\_

12. **medication:** \_\_\_\_\_ **dose/frequency:** \_\_\_\_\_

13. medication: \_\_\_\_\_ dose/frequency: \_\_\_\_\_  
specific time(s): \_\_\_\_\_ start date: \_\_\_\_\_ purpose: \_\_\_\_\_

**14. medication:** \_\_\_\_\_ **dose/frequency:** \_\_\_\_\_  
**specific time(s):** \_\_\_\_\_ **start date:** \_\_\_\_\_ **purpose:** \_\_\_\_\_

15. medication: \_\_\_\_\_ dose/frequency: \_\_\_\_\_  
specific time(s): \_\_\_\_\_ start date: \_\_\_\_\_ purpose: \_\_\_\_\_

**16. medication:** \_\_\_\_\_ **dose/frequency:** \_\_\_\_\_  
**specific time(s):** \_\_\_\_\_ **start date:** \_\_\_\_\_ **purpose:** \_\_\_\_\_

17. medication: \_\_\_\_\_ dose/frequency: \_\_\_\_\_  
specific time(s): \_\_\_\_\_ start date: \_\_\_\_\_ purpose: \_\_\_\_\_

**18. medication:** \_\_\_\_\_ **dose/frequency:** \_\_\_\_\_  
**specific time(s):** \_\_\_\_\_ **start date:** \_\_\_\_\_ **purpose:** \_\_\_\_\_

19. medication: \_\_\_\_\_ dose/frequency: \_\_\_\_\_  
specific time(s): \_\_\_\_\_ start date: \_\_\_\_\_ purpose: \_\_\_\_\_

**20. medication:** \_\_\_\_\_ **dose/frequency:** \_\_\_\_\_  
**specific time(s):** \_\_\_\_\_ **start date:** \_\_\_\_\_ **purpose:** \_\_\_\_\_

21. medication: \_\_\_\_\_ dose/frequency: \_\_\_\_\_  
specific time(s): \_\_\_\_\_ start date: \_\_\_\_\_ purpose: \_\_\_\_\_

**22. medication:** \_\_\_\_\_ **dose/frequency:** \_\_\_\_\_  
**specific time(s):** \_\_\_\_\_ **start date:** \_\_\_\_\_ **purpose:** \_\_\_\_\_

participant name: \_\_\_\_\_ start date: \_\_\_\_\_

*I hereby give permission for the Generations Adult Day Center staff and/or a designated volunteer to:*

**(\*check each box to which you agree)**

- Take a photograph of my loved one
- Videotape my loved one
- Record my loved one's voice
- Use my loved one's artwork (or a reproduction thereof)

*Furthermore, I authorize the use and reproduction of these for publicity and/or educational and/or informational purposes without compensation to me or to my family member. This includes use on social media, including, but not limited to: Facebook, Instagram, our website and other media platforms. All copies and negatives shall constitute the property of Generations' Adult Day Care.*

caregiver signature: \_\_\_\_\_ date: \_\_\_\_\_

caregiver name (printed): \_\_\_\_\_ date: \_\_\_\_\_

witness signature: \_\_\_\_\_ date: \_\_\_\_\_

*Generations Day Care*  
**Waiver of Liability**

\*Please note: Failure to agree to any other items on this release form WILL NOT affect your loved one's participation in the program.

**participant name:** \_\_\_\_\_ **start date:** \_\_\_\_\_

*I hereby give permission for my family member to participate in the Generations Day Care activities described below. I will not hold any of the Generations Day Care staff, volunteers, or Board members responsible for any injury to the above-named participant which occurs during any of the activities listed below:*

- daily activities at the Generations Day Care Center
- administration of prescription medication as prescribed by the participant's physician (Medications must be brought to the center in a labeled, duplicate prescription bottle.)
- administration of nonprescription medications as requested by the participant's family (Medications must be brought to the center in their original containers.)

**caregiver signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

**caregiver name (printed):** \_\_\_\_\_ **date:** \_\_\_\_\_

**witness signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

*Generations Day Care*  
**Policies and Admissions Agreement**

participant name: \_\_\_\_\_ start date: \_\_\_\_\_

1. Hours to be spent at the Center will be based upon the participant's ability level and family need. Hours will be approved by the Executive Director and will be reviewed as the participant's ability level changes.
2. Days to be spent at the Center will be based upon the participant's ability level and family need. Three to five days per week is recommended but not mandatory in order for the participant to remain adjusted to the program and to receive maximum benefits from the Center's activities.
3. Center hours are from 6:30am a.m. to 6:00p.m. (with some exceptions). **Late pick-up charges are \$5.00 for each minute past 6:00 p.m. INITIAL: \_\_\_\_\_**
4. Generations must have *two* current emergency numbers on file at all times.
5. Transportation to the Center is provided by the participant's family or other caregiver who will escort the participant into the appropriate activity room or reception area.
6. Prescription medications must be brought to or kept at the Center in a duplicate prescription bottle. Nonprescription medications must be in their original container. Medications will be stored in a locked secure area, and participants may not have medication in their possession at *any* time.
7. Participants must have had a physical exam within three months prior to enrollment. In the event of an emergency, the closest hospital (Pomerado) will be used.
8. Ongoing family/caregiver involvement is essential. Families are encouraged to attend special events, caregiver classes, and support group meetings.
9. A family member/caregiver will give the Center **24-hour notice** if the participant is unable to attend on a scheduled day, at which time an alternate day may be scheduled. **Participants will be charged the full fee of \$85.00 for absences without notification. INITIAL: \_\_\_\_\_**
10. Participants may be suspended or terminated from the program for: (1) behavior which is severely disruptive to activities; (2) behavior which places other clients, staff members, or others in danger; (3) change in medical status which cannot be managed at the Center; (4) communicable diseases; (5) failure of participant's family/caregiver to adhere to Center policies; and (6) failure to pay fees.
11. Participants with infectious disease or illness (such as vomiting or diarrhea) are not allowed to attend the Center. Anyone who becomes ill or who is injured at the Center must be picked up by a family member/caregiver within one hour of notification by staff. A physician's release must be obtained and on file at Generations prior to the participant's re-entering the program.
12. Scheduled days on which Generations will be closed will be posted on the Center door.
13. **Payment is expected within 10 days of receipt of invoice. A late fee of \$15.00 may be charged if payment is not received within this time period. INITIAL: \_\_\_\_\_**

\*\*\*\*\*

*I have read, understood, and agreed to the above Generations policies:*

caregiver signature: \_\_\_\_\_ date: \_\_\_\_\_

*Generations Adult DayCare*  
**Participant Activities of Daily Living**

participant name: \_\_\_\_\_ start date: \_\_\_\_\_

<b>ACTIVITY</b>	<b>INDEPENDENT</b>	<b>NEEDS HELP</b>	<b>UNABLE TO DO</b>
<i>Dressing</i>			
tie shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slip-on shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
socks/stockings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
buttons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
zippers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Personal Hygiene</i>			
bathing him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
teeth/denture cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
brushing/combing hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Movement</i>			
in and out of car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rising from chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
walking on level surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Eating</i>			
feeds him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cuts meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knows utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
prepares a sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>ACTIVITY</b>	<b>NEVER</b>	<b>SOMETIMES</b>	<b>ALWAYS</b>
sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wandering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
suspiciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
repetitious questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
disorientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
follows simple instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
takes medications readily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>ABILITY</b>	<b>NO LOSS</b>	<b>NORMAL LOSS</b>	<b>MODERATE LOSS</b>	<b>SEVERE LOSS</b>
hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Generations Adult Day Care*  
**Release of Information**

*By way of my signature, I provide Generations Adult Day Care with my authorization and consent to use and disclose protected information for the purpose of treatment and/or financial assistance.*

**participant name:** \_\_\_\_\_ **start date:** \_\_\_\_\_

**Social Security number:** \_\_\_\_\_ **date of birth:** \_\_\_\_\_

**caregiver signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

**caregiver relationship:** \_\_\_\_\_

\*\*\*\*\*

*I, \_\_\_\_\_, on behalf of the aforementioned participant, authorize Generations Adult Day Care to do the following. I understand this authorization will remain in effect until I provide written instructions otherwise.*

**PLEASE CIRCLE YOUR CHOICE(S):**

- 1. Generations **may / may not** call me at work.*
- 2. Generations **may / may not** leave a message for me at work.*
- 3. Generations **may / may not** release the participant's information to authorized physicians.*
- 4. Generations **may / may not** release the participant's information to authorized providers for possible financial assistance.*
- 5. Generations **may / may not** release the participant's information to the following person(s) or organizations:*

name: \_\_\_\_\_ phone: \_\_\_\_\_

name: \_\_\_\_\_ phone: \_\_\_\_\_

name: \_\_\_\_\_ phone: \_\_\_\_\_

**caregiver signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

*Generations Adult Day Care*  
**MEDICAL INFORMATION RELEASE FORM**

To the Doctor(s) of \_\_\_\_\_:  
*participant's name*

*I hereby authorize you to release to Generations Adult Day Care any and all medical or confidential information contained in the record of:*

*full name of participant:* \_\_\_\_\_  
*date of birth:* \_\_\_\_\_  
*address:* \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

*I further authorize **Generations Adult Day Care** to release any and all health information contained in the Generations health records to any doctor who is providing treatment for \_\_\_\_\_:*  
*participant's name*

\_\_\_\_\_  
*patient or authorized representative*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*phone*

**Please mail or email information to Generations at:**

**marcie@generationsramona.com**  
**Phone: 858-654-3062**  
**850 Main St Suite 103**  
**Ramona CA 92065**

*Generations Adult Day Services*  
**Grievance Policy Agreement**

**participant name:** \_\_\_\_\_ **start date:** \_\_\_\_\_

The Generations Adult Day Services program is committed to providing the highest quality of care to our participants, and their families. If, in the event any aspect of our care has been less than satisfactory, we want to know. We encourage the family or the participant to tell us if he, she, or they are dissatisfied with our care. If you have a complaint or concern, please call (858) 208-3678.

A verbal response will occur within 24 hours. A written response is available upon request.

\*\*\*\*\*

***I have read, understood, and agreed to the above Generations policy:***

**caregiver name (printed):** \_\_\_\_\_ **date:** \_\_\_\_\_

**caregiver signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

Generations Copy

*Generations Adult Day Services*  
**Grievance Policy Agreement**

**participant name:** \_\_\_\_\_ **start date:** \_\_\_\_\_

The Generations Adult Day Care program is committed to providing the highest quality of care to our participants, and their families. If, in the event any aspect of our care has been less than satisfactory, we want to know. We encourage the family or the participant to tell us if he, she, or they are dissatisfied with our care. If you have a complaint or concern, please call (858) 208-3678.

A verbal response will occur within 24 hours. A written response is available upon request.

\*\*\*\*\*

***I have read, understood, and agreed to the above Generations policy:***

**caregiver name (printed):** \_\_\_\_\_ **date:** \_\_\_\_\_

**caregiver signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

Family Copy

## *Generations Adult Day Services*

*In addition to all of the required paperwork, we ask that you also bring for your loved one:*

1. A complete change of clothing (pants, shirt, underwear, socks, etc.) that can be left here for emergencies.
2. Any type of protective garment your loved one may use.
3. Social Security, Medicare, V.A., and/or insurance cards (any that you would present upon hospital admission) of which we will make a copy and keep on file.
4. Any legal document that you would present upon hospital admission – Power of Attorney, Healthcare Power of Attorney, Living Will, specific “Do Not Resuscitate” order. We will make copies of these as well.
5. If we are to give any prescription or nonprescription medications during the day, we require that the medicines be in their original containers. Pharmacies are very willing to give a second bottle with the prescription on it if you only ask.

**Thank you!**