


<p align="center"><b>Facility Details</b></p> <p><b>AL-Insight</b> 3451 Zuni Street Denver Colorado 80211 303-477-7600</p>	<p><b>George Curious</b>  <b>Birth Date</b> 1/1/1900      <b>Room Number</b> 108  <b>Admission Date</b> 3/5/2004      <b>Table Number</b>  <b>Religion</b> N/A      <b>Resident Phone Number</b>  <b>Mortuary</b>      <b>COR Status</b> Comfort Measures</p>	
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	Name	Address	Home Phone	Work Phone	Fax	Cell	Email
<b>Doctor</b>	Dr. Doctor Primary1	123 Address Street Denver CO 80211	303-598-8965	303-598-2666	303-896-7784	303-598-6963	provider@alinsight.net
<b>Alternate Doctor</b>	Dr. Alternate Doctor2	123 Address Street Denver CO 80211	303-569-7845	303-696-5321	303-562-4411	303-896-7412	provider@alinsight.net
<b>Other Health Provider</b>	Dr. Other Health Provider	123 Address Street Denver CO 80211	303-859-7842	303-654-5522	303-552-4568	303-896-1254	provider@alinsight.net
<b>Case Manager</b>	Case Manager		-	-	-	-	-
<b>Emergency Contact</b>	Vincent Saturnino	3451 Zuni Street Denver CO 80211	303-477-7601	303-477-7602	303-477-7603	303-477-7604	vsaturnino@gmail.com
<b>Residents Representative</b>			-	-	-	-	-
<b>Son</b>	Ram	123 Vaughn way Denver Colorado 80213	303-477-9876	303-765-9089	303-765-5544	3038769976	ram@gmail.com

<b>Ambulance</b>	
<b>Hospital</b>	
<b>Medicare Number</b>	
<b>Medical Record Number</b>	
<b>Social Security Number</b>	123-45-8963
<b>Primary Insurance Company</b>	
<b>Primary Insurance ID</b>	
<b>Secondary Insurance Company</b>	
<b>Secondary Insurance ID</b>	

<b>Diagnosis</b>
Hypertension, Arthritis, Dementia (7/22/2008)
<b>Allergies</b>

**Notes**

**Additional Notes**

Call 911: Y I want 911 called: \_\_\_\_\_ Yes \_\_\_\_\_ No (Put initials next to preference)  
 I understand that if 911 is not called, the ambulance listed above will be called.

## Current Medications

2/24/2009 M - Medications  
Dementia  
Namenda  
10 MG 1 tab Oral BID

0800 1500

12/20/2008 M - Medications  
Hypertension  
HCTZ  
5 MG 1 CAP Oral QD

0800

8/15/2008 M - Medications  
Pain  
Tylenol  
250 MG 2 Tabs Oral PRN  
PRN Pain  
Additional Notes: Not to exceed 1200 mg / day ( or 4 tabs)

P R N ALT

7/22/2008 M - Medications  
Heart Medication  
Aspirin  
81 mg 1 tab Oral QD

0900

7/10/2008 M - Medications  
pain  
Vicodin  
500 MG 1 tab Oral BID

0800 6PM

6/27/2008 M - Medications  
Pain  
Vicodin  
500 MG 2 tab Oral BID  
Additional Notes: MUST TAKE PULSE prior to administration

Pulse 0800 B/P 1800

4/3/2008 M - Medications  
Broken Femur  
Vicodin  
5/500 APAP 2 Tabs Oral BID  
PRN Pain  
Additional Notes: Complete pain assessment and watch for nausea

0800 6PM

1/9/2009 M - Medications  
Pain  
Tylenol  
500 MG 2 tabs ORAL QD  
Additional Notes: No notes

0800

10/2/2008 M - Medications  
Dementia  
Namenda  
5 MG 1 tab Oral QD  
Additional Notes: Make sure medication is administered prior to breakfast

900AM

8/6/2008 M - Medications  
Dementia  
Aricept  
10 MG 1 tab Oral BID

0700 7pm

7/19/2008 M - Medications  
Inflammation  
Predisone  
5.0 mg 1 tab Oral QD  
Additional Notes: Please give to Curious with supper meal

6PM

7/1/2008 M - Medications  
Pain  
Celebrex  
20 MG 1 tab oral QOD  
Additional Notes: Take with full glass of water

0800

4/4/2008 M - Medications  
Tylenol  
250 MG 1 CAP Oral QD

8AM

4/2/2008 M - Medications  
Arthritis  
Mobic  
10 MG 1 tab Oral BID  
Additional Notes: No notes

0800 1800