

Physician's Statement

THE PIERCE HOUSE

204 Main Street, Farmington, Maine 04938

207-778-4745 www.ThePierceHouse.com

PHYSICIAN'S STATEMENT

(Name of Applicant) _____ is in the process of completing a Preliminary Application Form for acceptance as a resident at The Pierce House, a licensed, private, non-medical institution. Please verify the health status of this applicant by completing and signing the following statement. Please add any relevant comments that may help us assess this person. Please return the completed form to our Administrator in the enclosed envelope. Thank you.

PHYSICIAN'S STATEMENT

At the present time, the above individual has no physical or mental disability that would prohibit him/her from carrying out activities of daily living in a rational manner, with minimal assistance.

Additional Comments

Physical: _____

Mental/Emotional/Behavioral: _____

Physician/Provider signature

Date

Please fax (207-778-5922) or mail (204 Main Street, Farmington, Maine 04938) to Darlene Moar, Administrator, The Pierce House. Thank you.

Revised: 10/96; 7/01; 2/05; 7/08, 7/10