

Physician's Statement

THE PIERCE HOUSE
204 Main Street
Farmington, Maine 04938
207-778-4745

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 return completed form to Darlene Moar, Administrator, The Pierce House

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