



507 Rogers Road • Lexington, KY 40505 • bobbrownhouse@gmail.com • 859-293-0886

## **PHYSICIAN'S/AGENCY'S STATEMENT**

\_\_\_\_\_  
Name of Doctor/Agency

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

The above named individual has made application to the Bob Brown House/Independence Homes and has indicated that you are his/her physician or agency representative.

The Bob Brown House/Independence Homes is designed to provide housing for physically and/or mentally disabled adults (18 years and older) who seek independent but supported living in a family-type atmosphere. We are not equipped nor licensed to care for those persons requiring special medical or nursing assistance. Residents must be able to handle their own medications and personal bodily care.

Under these conditions, is the above named applicant qualified for admission? Please share any reservations you have regarding the applicant's ability or willingness to function in the setting. Please use the back to answer fully.

Disability/Diagnosis \_\_\_\_\_  
\_\_\_\_\_

Date of Last Appointment \_\_\_\_\_

Current Medications:

Medicine

Purpose

Medicine	Purpose
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature of Physician/Agency

\_\_\_\_\_  
Date