**\*\*Confidential\*\***

****

**CIRCLE OF LIFE ALZHEIMER'S HOMES, L.L.C.**

**Susan E. Wielechowski, Director**

**5620 West Corliss Circle Prescott, AZ, 88305**

[**(928) 237 4795 susan@circleoflifecare.com**](mailto:susan@circleoflifecare.com) [**www.circleoflifecare.com**](http://www.circleoflifecare.com/)

Resident’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PCP Release for Mobility Scooter**

(Circle of Life Alzheimer's Homes, L.L.C. hereinafter referred to as "COLAH, L.L.C.")

The above-named resident or their Responsible Party at COLAH, L.L.C. has requested to use a mobility scooter in an Assisted Living Facility. Please indicate the ability of said resident to use a mobility scooter at a COLAH, L.L.C. facility.

Thank you for your attention to this matter. Please complete this form with your recommendation and forwarded it to our organization by clicking the "Submit" button at the bottom of the form.

For the above-named resident who is a patient of my practice, my recommendation is as follows:

(Please initial after below your recommendation)

It is safe for the resident to use a mobility scooter. It may be used indoors or outdoors as desired. Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is safe for the resident to use a mobility scooter. It may be used indoors only.

Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is not safe for the resident to use a mobility scooter.

Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PCP’s Comments (If any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PCP’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Recommendation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**