

PORT MALABAR HOLIDAY PARK
RECREATION DISTRICT MOBILE HOME PARK

215 Holiday Park Boulevard, NE
Palm Bay, FL 32907-2196
District Office: 321-724-2240

CAREGIVER AUTHORIZATION

To be completed by our resident who is your patient:

Name

Address

We understand you are recommending the service of a Caregiver for the person named above.

Since this person lives in Holiday Park, a 55+ Senior Community, there are Rules & Regulations that require the District be notified by the physician when a Caregiver is required. In order to accommodate our resident, we're requesting you provide the following information:

My patient _____ requires medical care at home as indicated:

_____ as prescribed / when needed _____ 24 hour per day.

Type or level of service necessary requires a medical professional:

_____ Certified RN, LPN, CMA or CNA

_____ Other _____

This authorization will remain in effect for: _____ # weeks _____ one year.

Physician: _____ Florida License # _____

Authorization beyond time indicated will require the patient or family member to obtain additional verification. It is the responsibility of the patient or family member to obtain the approved extension.

By signing this document, you as the Doctor authorize Caregiver services for your patient.

Physician Signature

Telephone Number

Date

Physician's Stamp