



Pickens County Meals on Wheels
Referral Application

PO Box 184, Easley, SC 29641 Phone: 855-3770 FAX: 855-3769 info@pcmow.org

Date: Referring Physician or Agency:

Referral Phone: Referral Email:

Referral Contact: Referral Signature:

Applicant's Name: Phone:

Street Address: City: Zip:

MAILING ADDRESS IF DIFFERENT:

Date of Birth: Primary Physician:

EMERGENCY CONTACT: Relationship:

Phone #1: Phone #2:

Address:

EMERGENCY CONTACT #2: Relationship:

Phone #1: Phone #2:

Address:

Church Name:

Medical problems prohibiting ability to prepare meals due to a recent hospitalization, a chronic and/or debilitating illness, insufficient nutritional intake or respite need:

Duration of service suggested: Ongoing Temporary Time Frame

Diabetic: Yes No Special Diet:

Ambulation: No assistive device Walker Cane Wheelchair Non-ambulatory

Vision: No vision problem Glasses Blind one eye Blind both eyes

Hearing: No hearing problem Difficulty hearing, no aids Hearing aids worn Deaf

Speech: No problem communicating Communicates with difficulty Unable to speak

Oxygen: No Yes 24/7

Mental Health: Diagnosed Condition Retardation Forgetful /Confusion

Office Notes