

Gulf Coast Teaching Family Services, Inc.
now doing business as
Gulf Coast Social Services

Locations

Alexandria

1300 Jackson Street
Alexandria, LA 71301
phone: (318) 448-1801
toll free: (888) 448-1809
fax: (318) 448-1841

Baton Rouge

5850 Florida Boulevard
Baton Rouge, LA 70806
phone: (225) 201-0696
toll free: (800) 766-2291
fax: (225) 201-1792

Hammond

620 N. Morrison Boulevard, Suite A
Hammond, LA 70401
phone: (985) 542-1191
toll free: (800) 442-1191
fax: (985) 345-9910

Houma

320 Progressive Boulevard
Houma, LA 70360
phone: (985) 851-4488
toll free: (800) 947-7645
fax: (985) 872-0985

Houma

(Satellite Office)
2509 Petroleum Drive
Houma, LA 70363
phone: (985) 853-1445
toll free: (800) 831-2630
fax: (985) 853-0709

Lafayette

515 S. College Road, Suite 100
Lafayette, LA 70503
phone: (337) 269-1165
toll free: (800) 285-8123
fax: (337) 235-1961

Lake Charles

825 Ryan Street, Suite 300
Lake Charles, LA 70601
phone: (337) 436-6622
toll free: (888) 436-6635
fax: (337) 436-4403

New Orleans

401 Whitney Avenue, Suite 104
Gretna, LA 70056
phone: (504) 361-9950
toll free: (800) 947-5432
fax: (504) 362-9695

Corporate Office

401 Whitney Avenue, Suite 300
Gretna, LA 70056
phone: (504) 365-1301
toll free: (800) 759-2975
fax: (504) 365-1304

PHYSICIAN DELEGATION OF MEDICAL TREATMENTS AND MEDICATION ADMINISTRATION

CLIENT NAME: MEDICAID NUMBER:	DATE:
PROVIDER AGENCY NAME:	PHONE:
EMPLOYEE NAME:	

MEDICATION/TREATMENT	DOSAGE/SITE	INSTRUCTIONS

I have provided the above named employee of Gulf Coast Social Services with specific training and instructions concerning the administration of the medication(s) and medical treatment(s) listed. This employee is acting under my authority.

DELEGATING PHYSICIAN'S SIGNATURE

DATE

PHYSICIAN'S NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	PHONE:

I have been instructed concerning administration of the medication(s) and medical treatment(s) described above, and agree to administer only these medications and treatments and to do so according to the instructions given.

EMPLOYEE'S SIGNATURE

DATE

NOTE: This form is valid only until there is any change in the approval granted herein. Changes in authorized attendant, medication, dosage, treatment, or instructions require the completion of a new form prior to implementation of the change.