

DRUMHELLER & DISTRICT SENIORS FOUNDATION
696 – 6 Ave E. Drumheller, Alberta T0J 0Y5 403-823-3290 Fax: 403-823-3777

Medical Examination Report
Drumheller & District Seniors Foundation
Self-Contained

Applicant Name: _____ Examination Date: _____

Address: _____ Telephone No. _____

Date of Birth: _____ Height: _____ Weight: _____

PLEASE NOTE:

THIS REPORT CANNOT BE ACCEPTED IF IT IS NOT COMPLETELY FILLED OUT.

APPLICANTS AUTHORIZATION

I hereby, authorize the sharing of any records or knowledge of my health between any Physician, Medical Clinic, Home Care, Hospital and the Drumheller & District Seniors Foundation.

DATE: _____

SIGNATURE: _____

MENTAL CONDITION

___ Normal
___ Diagnosis of Dementia
 ___ Mild
 ___ Moderate
 ___ Severe
___ History of Delirium
___ Delusions
___ Hallucinations
___ Alcoholism
___ Drug Abuse

BEHAVIORS

___ Normal
___ Emotionally unstable
___ Easily angered
___ Verbally abusive
___ Physically abusive
___ Wandering
___ Hoarding

MOOD

___ Normal
___ Depression
___ Withdrawn / apathetic

PHYSICAL CONDITION

Speech ___ Normal ___ Impaired ___ Absent
Vision ___ Normal ___ Impaired ___ Absent
Hearing ___ Normal ___ Impaired ___ Absent
Glasses ___ Yes ___ No
Hearing Aid ___ Yes ___ No

___ Obesity ___ Arthritis ___ Heart Problem ___ Lung Condition
___ High Blood Pressure ___ Low Blood Pressure

Other: (Please explain)

MOBILITY

Independent

Walking Aid

Wheelchair

Comments: _____

DEFECTS

Arms

Hands

Legs

Feet

Joints

Body

Comments: _____

CARE REQUIREMENTS

Dresses self

Manages own medications

Does own grooming

Continent of urine

Bathes self

Continent of bowels

Feeds self

DIET

Regular Low salt Low fat Diabetic Other: (please explain)

MEDICATIONS:

ALLERGIES:

Does applicant require Home Care Services? Yes No

If yes, what services: _____

Is applicant suffering from any chronic diseases which require:

Special Care? _____ Medical treatment? _____

Comments: _____

Please comment on any idiosyncrasies, sleeping patterns, personal hygiene

Any further remarks that may be helpful in evaluating the applicant

SIGNATURE OF PHYSICIAN: _____

PRINTED SIGNATURE: _____

COMPLETE ADDRESS: _____

TELEPHONE NO.: _____

This information is being collected under the authority of the Freedom of Information and Protection of Privacy Act 33(C).
Any questions or concerns should be directed to:
Melanie Graff, Finance & Compliance Manager 696 - 6th Avenue East Drumheller, Alberta
T0J 0Y5
Telephone: (403) 823-3290 ext. 224
