

**DRUMHELLER & DISTRICT SENIORS FOUNDATION**  
**698 – 6 Ave E. Drumheller, Alberta T0J 0Y5 403-823-3290 Fax: 403-823-3777**

**Medical Examination Report**  
**Drumheller & District Seniors Foundation**  
**Sunshine Lodge**

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\_\_\_ Withdrawn / apathetic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

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Any further remarks that may be helpful in evaluating the applicant

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**SIGNATURE OF PHYSICIAN:** \_\_\_\_\_

**PRINTED SIGNATURE:** \_\_\_\_\_

**COMPLETE ADDRESS:** \_\_\_\_\_

**TELEPHONE NO.:** \_\_\_\_\_

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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

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