DRUMHELLER & DISTRICT SENIORS FOUNDATION

<u>698 – 6 Ave E. Drumheller, Alberta T0J 0Y5 403-823-3290 Fax: 403-823-3777</u>

Medical Examination Report Drumheller & District Seniors Foundation Sunshine Lodge

Applicant Name:		Examination Date:			
Address:		Telephone No			
Date of Birth:		Height:	Weig	ght:	
PLEASE NOTE:					
THIS REPORT CANNOT	BE ACCEPTED	IF IT IS NOT C	OMPLETE	LY FILLED OUT.	
APPLICANTS AUTHORIZAT I hereby, authorize the sharing Clinic, Home Care, Hospital an	of any records or k	xnowledge of my h & District Seniors	ealth betweer Foundation.	n any Physician, Medical	
DATE:		SIGNATURE:			
MENTAL CONDITION NormalDiagnosis of DementiaMildModerateSevereHistory of DeliriumDelusionsHallucinationsAlcoholismDrug Abuse	BEHAVIOINorma aEmotioEasilyVerbalPhysicWandeHoardi	onally unstable angered ly abusive ally abusive ering	MOODNorrDeprWith		
Vision Hearing	N Normal Normal Normal Normal Yes Yes Arthritis		ired	Absent Absent Absent Lung Condition	
Other: (Please explain)					

MOBILITY

Independent	Walking Aid	Wheelchair
Comments:		
	LegsFeet	Joints Body
Comments.		
CARE REQUIREMEN Dresses self Does own grooming Bathes self Feeds self	TS Manages own Continent of u Continent of b	rine
DIET Regular Low salt _	_ Low fat Diabetic Otl	her: (please explain)
MEDICATIONS:	A	LLERGIES:
	ome Care Services?	
	m any chronic diseases which Medical treatmen	=

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 Informations or concerns should be directed to: Melanie Graff, Finance & Compliance Manager, 696 - 6th Avenue East Drumh Telephone: (403) 823-3290 ext. 224	