Application for Seniors Lodge - Medical Report

Applicant:	Last Name:		Given Name:	
Date of Birth: (MM/DD/YY)			Alberta Health Care Number:	
Date of Last Examination:			Last Annual Physical:	

Physicians Name: (printed)				
Address:				
	Street/Box	Town/City		Postal Code
Office Phone:		Date of Examination:		
Hospital Affiliation:		Physician's Signature:		

Authorization For Release Of Medical Information

I hereby authorize the release of information requested by Westwinds Communities and waive any and all claims against the person or organization releasing the report, or any of its of officers, servants, agents, staff members or employees for any purpose whatsoever in connection with the communication and disclosure of the said information.

I understand that this personal information is being collected in accordance with the Freedom of Information and Protection of Privacy Act (FOIPP), and I consent to the said collection. For questions about the collection and use of your personal information, contact the FOIPP Coordinator at Westwinds Communities at 403.652.8600.

Applicants Signature:		**Date:**	
Witness:		**Date:**	

Is the Applicant's current health stable?	☐ Yes ☐No
Has the Applicant had serious medical issues within the past year?	☐ Yes ☐No
If "yes" please provide details and current management:	

Does the Applicant Have:	Yes	No	Applicant ability to manage without assistance:
Pacemaker			
Colostomy Bag			
Oxygen			
Ileostomy Bag			
Artificial Limb			
Other Aids to Daily Living (specify)			

Hearing	☐ Normal ☐ Impaired ☐ Absent ☐ Hearing Aid
Visual	☐ Normal ☐ Impaired ☐ Absent ☐ Good with Glasses
Mobility	☐ Excellent – no mobility aid ☐ Good – minimal help with mobility aid ☐ Good – but dependent on mobility aid ☐ Uses a wheelchair and can transfer in/out ☐ Confined to a wheelchair
	Check any of the following mobility aids and frequency of use:
	☐ Cane ☐ Regular ☐ Occasionally ☐ Walker ☐ Regular ☐ Occasionally
	☐ Wheelchair ☐ Electric or ☐ Manual ☐ Regular ☐ Occasionally
	☐ Scooter ☐ Electric or ☐ Manual ☐ Regular ☐ Occasionally
Special Diet	☐ Diabetic ☐ Cut-up Food ☐ Low Cholesterol ☐ Gluten Free
	☐ Low Fat ☐ Minced Food ☐ Pureed ☐ Other:
Allergies	☐ Food ☐ Medication ☐ Environment Describe:

Please Return completed form to:
Westwinds Communities, 833-9 Street SW, High River, AB, T1V 1C3
P: 403-652-8600 F: 403-652-8608 E: cadmin@westwindscommunities.ca

Westwinds Communities

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Does the Applicant have any of the following disorders/conditions?

Condition	Current		If "yes" please provide particulars (please attach addition informal if required)
	Yes	No	
Heart Disease			
High Blood Pressure			
Stroke			
Diabetes			
Arthritis			
Epilepsy			If yes, ☐ Mild ☐ Moderate ☐ Severe
Renal Failure			If yes, ☐ Mild ☐ Moderate ☐ Severe
Incontinence (bladder)			If yes, ☐ Mild ☐ Moderate ☐ Severe
Incontinence (bowel)			If yes, ☐ Mild ☐ Moderate ☐ Severe
Respiratory Deficiencies			
Parkinson's Disease			If yes, ☐ Mild ☐ Moderate ☐ Severe
Cognitive Impairment			If yes, ☐ Mild ☐ Moderate ☐ Severe
Alzheimer's Disease			If yes, ☐ Mild ☐ Moderate ☐ Severe
Wandering			
Mental Illness			
Uncontrolled, Aggressive or Violent Behaviour			
Socially inappropriate or Disruptive behaviour			
Depression			
Alcohol or Drug Abuse			If yes, ☐ Past ☐ Present Details:
Infectious Diseases			If yes, Type:
Smoking			
Tuberculosis			
Nutritional Deficiencies			
Communication Difficulty?			Due to: ☐ Mental Causes ☐ Deafness ☐ Speech Impediment ☐ Language Barrier Details:

Westwinds Communities provides meals, Housekeeping Services and 24 Hour Non-Medical Supervision. Given this information is your patient, without assistance, able to:			
	Yes	No	Comments
Administer own medications			
Physically manage care including dressing			
Maintain appropriate level of personal hygiene			
Is the Applicant able to independently ambulate to and from the dining room in the lodge setting?			
Live in a lodge setting without assistance such as reminders and prompting			
Socially fit in and interact with other seniors			
Does the Applicant require Home Care Services?			
Is there any other support agency involved?			

Any special concerns that have not been captured on the medical form, please attach explanation on a separate page.

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