



## CONFIDENTIAL MEDICAL REPORT

This form is to be completed by an examining Physician ONLY:

Please complete and return to the Senior Housing Assistant

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*The information on this medical is being collected under the authority of M.O. H:62/96 under the Alberta Housing Act. The Grande Spirit Foundation will use this information to verify and assess housing services required by the applicant. The information is protected from public disclosure by sections 38,40,41 of the Freedom of Information and Protection of Privacy Act.*

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Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Examining Physician: \_\_\_\_\_ Date Examined: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Phone # \_\_\_\_\_

How long has the applicant been your patient? \_\_\_\_\_

### Condition

Is the applicant's current health stable? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any chronic health concerns? Yes \_\_\_\_\_ No \_\_\_\_\_

Past or present evidence of infectious or antibiotic resistant diseases? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain and list medical history

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Has the applicant been hospitalized in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many times? \_\_\_\_\_

Does the applicant have any allergies? Food \_\_\_\_\_ Medication \_\_\_\_\_ Environment \_\_\_\_\_

Please Explain: \_\_\_\_\_

Does the applicant have any of the following? Can they manage independently?

Oxygen: \_\_\_\_\_

Pacemaker: \_\_\_\_\_

Diabetic / Insulin: \_\_\_\_\_

Does the applicant require homecare / How often: \_\_\_\_\_



Does the applicant require a special diet? Diabetic / Gluten Free / Low Cholesterol / Low Fat / Minced / Cut up / Other: \_\_\_\_\_

**Cognitive and Behavioral**

Is there any evidence of a decline in cognition? Yes \_\_\_\_\_ No \_\_\_\_\_

How is the applicant's memory recall? Good \_\_\_\_\_ Needs cueing \_\_\_\_\_ Severely Impaired \_\_\_\_\_

How are the applicants' skills for daily decision making? Good \_\_\_\_\_ Needs Cueing \_\_\_\_\_

Severely impaired \_\_\_\_\_

Is there any past or present evidence of:

Depression: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_

Cognitive Impairment: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_

Alzheimer's Disease: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_

Dementia other than Alzheimer's Disease:

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_

Mental Illness: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Tendency to wander: Yes \_\_\_\_\_ No \_\_\_\_\_

Uncontrolled Aggressive or Violent Behavior: Yes \_\_\_\_\_ No \_\_\_\_\_

Socially Inappropriate / disruptive behavior: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Resists Care: Yes \_\_\_\_\_ No \_\_\_\_\_

Smokes: Yes \_\_\_\_\_ No \_\_\_\_\_

Alcohol or Drug Abuse / Addiction: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Past (more than 6 mos.) \_\_\_\_\_ Present \_\_\_\_\_

Are there any **ongoing** treatments, medications, and/or counselling for the above issues?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

**Communication & Vision**

How is the applicant's hearing? Normal \_\_\_\_\_ Impaired \_\_\_\_\_ Absent \_\_\_\_\_

How is the applicant's vision? Normal \_\_\_\_\_ Impaired \_\_\_\_\_ Absent \_\_\_\_\_

Is there communication difficulty? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_



**Personal Care**

Does the applicant require assistance transferring in and out of bed and to the bathroom?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is the applicant urine continent? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the applicant bowel continent? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant require a two person assist when transferring? Yes \_\_\_\_\_ No \_\_\_\_\_

**Mobility**

Does the applicant use any of the following mobility aids?

Cane \_\_\_\_\_ White cane \_\_\_\_\_ Walker \_\_\_\_\_ Wheel chair \_\_\_\_\_ Scooter \_\_\_\_\_

Wheelchair: Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Used: Occasionally \_\_\_\_\_ Regularly \_\_\_\_\_

Please rate the applicant's mobility: Excellent \_\_\_\_\_ Good \_\_\_\_\_

Dependent on mobility aid \_\_\_\_\_ Uses a wheelchair but transfers independently \_\_\_\_\_

**Required Assistance**

Does the applicant require assistance with the following?

Dressing \_\_\_\_\_ Feeding \_\_\_\_\_ Bathing \_\_\_\_\_ Personal Hygiene \_\_\_\_\_

Medication \_\_\_\_\_ Monitoring Blood Pressure \_\_\_\_\_ Foot Care \_\_\_\_\_

Other Nursing \_\_\_\_\_

Does the applicant require meal reminders? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant require assistance to and from the dining room? Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Diagnosis and other pertinent Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If there are any other special circumstances that have not been outlined on this form, please include them in the notes section attached.**

**NOTES:**



## LODGE CRITERIA

The following information and conditions are presented to Lodge applicants and family members for consideration when choosing appropriate housing. Where the Senior Housing Assistant or the Site Assistant Manager feel the applicant's needs may not be met with confidence and safety, alternate housing options will be discussed.

Please note the Lodges are not a substitute for Continuing Care; however, individuals who receive assistance from the community supports and Homecare may be eligible.

An applicant must meet and maintain the following minimum standard of wellness as an entrance requirement to the lodge:

- Has stable health, and medical conditions are manageable within lodge setting.
- Is willing and able to maintain personal care and hygiene (i.e., regular bathing). They are also able to manage their own toileting without help, and if there is some degree of incontinence, is willing and able to manage that incontinence independently. Does not resist personal care.
- Can move about independently or with use of mechanical aids (approved wheelchairs only) and can move from lying down to sitting to standing without assistance.
- Is not in need of extensive guidance and direction from others to get through the day (i.e., is not suffering from dementia, etc.)
- Is not assessed by Homecare/physician as requiring DSL level 3 or higher.
- Has family member or designate to tend to personal needs beyond the scope of Lodge staff (i.e., transportation to appointments, assistance with financial matters, etc.).
- Has regular dietary needs. Please note that specialty diets which require close attention/supervision cannot be met in Lodge.
- Is willing to live in a lodge and abide by the lodge rules and regulations.
- Is able and willing to participate in the activities of the Lodge and to benefit from the Lodge environment and lifestyle. For example:
  - Negotiate long hallways
  - Participate in family style dining
  - Live with independence and safety within the Lodge setting
  - Ability to evacuate independently in case of emergency.



**Application - Senior Housing**  
Grande Spirit Foundation  
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