

Dnipro - Selo Housing Society

St. Andrew's Ukrainian Selo
#100, 8025 – 101 Avenue Edmonton, Alberta T6A 0K4
(780) 469 4141

Ukrainian Dnipro Seniors' Citizens Home
11030 – 107 Street Edmonton, Alberta T5H 4G5
(780) 425-5097

E-mail: dnipro_selo@shaw.ca

Fax: (780) 468-5667

CONFIDENTIAL MEDICAL REPORT

This medical information form is required by Dnipro-Selo Housing Society in regard to all applicants seeking admission into self contained senior citizens apartments.

Applicant's Name: _____

(Last Name)

(First Name)

Date of Birth: _____
Day Month Year

I, _____ hereby authorize my physician to release the medical information on this form to Dnipro-Selo Housing Society.

Signature of Applicant

Note to the Examining Physician

Our facilities are rented only to senior citizens who are capable of administering their own personal needs. Our staff are NOT qualified or permitted to dispense medication or to provide physical assistance. No meals or housekeeping services are provided in our apartments. There are no special care, nursing care, or special diets available.

Name of Examining Physician (Please Print): _____

Telephone Number: _____ How long has the Applicant been your patient? ____

MEDICAL DIAGNOSIS _____

PAST MEDICAL HISTORY _____

PHYSICAL EXAMINATION

Mobility: Walks without help _____ Walks with help _____ Uses Wheelchair _____

Is there a communication difficulty? Yes _____ No _____ If yes, is this due to any of the following: Mental Causes _____ Speech Difficulty _____ Language Barrier _____

Is the Applicant able to prepare his/her own meals? Yes _____ No _____

Is the Applicant able to do his/her own housekeeping as requires: Yes _____ No _____

Can the Applicant manage his/her own personal hygiene? Yes _____ No _____
Are there any concerns with incontinence? Yes _____ No _____

INDEPENDENCE FACTORS

Does the applicant show any signs of dementia? Yes _____ No _____
Does the applicant have a history of alcohol or substance abuse? Yes _____ No _____

Has the applicant been diagnosed with any deteriorating physical or mental health condition(s) that may impair his/her ability to manage independently at present or in the near future?

Yes _____ No _____

If yes, please explain: _____

Do you consider this applicant to be suitable mentally and physically to look after himself/herself in an apartment building where no special care, nursing care, or special diets are available?

Yes _____ No _____

If no, please explain: _____

Date

Physician's Signature

Any charge for the completion of this form is the responsibility of the applicant. This certificate is valid for six months only. Please return this form to Dnipro-Selo Housing Society in person, by mail, or via fax.