

PINCHER CREEK FOUNDATION

Providing Affordable Housing to Seniors and Families

CRESTVIEW LODGE

CANYON MANOR APARTMENTS

COTTAGES - CANYON & WILLOW COURT

MEDICAL REPORT

Complete this form & return directly to:

Pincher Creek Foundation

Box 1058 Pincher Creek, AB. T0K 1W0

Phone (403) 627-3833 ext 1 Fax (403) 627-3302

AUTHORIZATION FOR RELEASE OF INFORMATION FROM THE MEDICAL REPORT

I, _____ (applicant), hereby authorize & instruct
_____ (physician) to release the medical information requested by Pincher
Creek Foundation and I hereby waive any & all claims against the person or organization releasing the
report, or any of its officers, servants, agents, staff members or employees for any purpose whatsoever in
connection with the communication and disclosure of the said information.

Date: _____ Applicant/Tenant's Signature: _____

Date: _____ Witness: _____

LAST NAME:

FIRST NAME:

Date of Birth: (mm/dd/yy)

Examination Date:(mm/dd/yy)

How Long has this applicant/tenant been your patient?

Has the applicant/tenant had a serious illness or injury within the past year? **Yes** ____ **No** ____ If "Yes", please
give particulars:

Has this serious illness or injury the applicant/tenant has suffered, affected them in such a way medically, that in
your opinion, can they still function independently / on their own, in an apartment setting? **Yes** ____ **No** ____

Is the applicant currently receiving Home Care Services? **Yes** ____ **No** ____ If yes, for what types for services?

If he/she is not receiving Homecare Services, should they be? **Yes** ____ **No** ____

Name (s) of other support agencies involved?

Does the Applicant use any of the following?	Yes	No
Hearing Aid		
Oxygen		
Mobility Aid(s): Wheelchair , Cane or Walker (circle)		

Some of our housing consists of self-contained apartments equipped with kitchen and bathroom facilities. The applicant must mentally and physically be able to maintain him/her self, including cooking, cleaning, personal hygiene, etc.

Given this information is your patient independent enough to:

- | | | | |
|---|------------------------------|-----------------------------|----------------------------------|
| 1. Physically manage personal care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 2. Maintain an appropriate level of personal hygiene? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 3. Socially fit in with other seniors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 4. Administer his/her own medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 5. Prepare and cook his/her own meals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

PHYSICAL FINDINGS:

Is there past or present evidence of:	Yes	No	If Yes, give particulars (Please attach additional information if required)
Cognitive Impairment / Memory Loss (Must provide mini-mental score)			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Alzheimer's Disease:			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Wandering			
Mental Illness:			
Uncontrolled, Aggressive or Violent Behavior:			
Infectious Diseases:			If Yes, Type:
Alcohol or Drug Abuse:			If Yes, <input type="checkbox"/> Past <input type="checkbox"/> Present Details: _____

General Remarks and other Pertinent Information:

This Medical Report is valid for one (1) year, however, Pincher Creek Foundation reserves the right to request a medical report at any time should they deem it necessary to re-assess a client to confirm continued eligibility and to assess the appropriate level of supportive housing.

This information is very important in determining that the applicant/tenant is living or placed in the appropriate level of housing that best supports their housing as well as medical needs while maintaining their dignity and independence.

In your medical opinion, what level of senior housing do you feel would be more suitable for this applicant - please choose from the following:

- Self- Contained Apartments Lodge / Supportive Living Assisted / Continuing Care / LTC

Name and Address of Physician completing this application (please print)

Name: _____ **Clinic Address:** _____

Clinic Phone Number: _____

Clinic Fax Number: _____

Physician Signature: _____

Any charge for the completion of this form is the responsibility of the Applicant.

This confidential information is being collected under the authority of the Alberta Housing Act and is in accordance with Alberta's Freedom of Information and Protection for Privacy Act to determine and verify eligibility of applicants for Pincher Creek Foundation Senior Self Contained Subsidized Housing or the Crestview Lodge Supportive Living Program. For questions regarding this information, please contact the CAO / Lodge Manager, Pincher Creek Foundation – Crestview Lodge