Medical Report
Apartment/Cottages

Green Acres Foundation apartments and cottages are for independent senior citizens. The term independent means the applicant must have the ability to care for themselves (cooking, cleaning, and personal hygiene); as well, the person must have the mental capabilities to live in a congregate living environment and have the necessary mobility to ambulate in case of an emergency.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize and instruct Dr. _____ to

(Applicant) **(First Name)** **(Last Name)**

release the medical information requested by Green Acres Foundation, and I hereby waive any and 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's Signature:** _____

Last Name: _____ **First Name:** _____

Date of Last Examination: _____ **Alberta Health Care Number:** _____

How long has this person been a patient of yours? _____

Has this person had a serious illness or injury within the past year? O Yes O No

If "yes", please give particulars_____

Is your patient currently receiving Home Care? O Yes O No

If yes, how many hours per week and for what types of service? _____

Name(s) of other support agencies involved _____

Does your patient use a mobility aid? O Yes O No

If "yes", what type: O Cane O Walker O Manual Wheelchair O Motorized Wheelchair O Scooter

Could this person evacuate (i.e. use stairs) from a multi-storey building independently in the event of an emergency? O Yes O No

An apartment or cottage is an independent living facility <u>without</u> supportive services. Given this information, is your patient independent enough to:

1.	Physically manage personal care including dressing?	O Yes	O No	O Unknown
2.	Maintain an appropriate level of personal hygiene?	O Yes	O No	O Unknown
3.	Perform daily living skills, without cueing or reminders?	O Yes	O No	O Unknown
4.	Socially fit in with other seniors?	O Yes	O No	O Unknown
5.	Administer his/her own medications?	O Yes	O No	O Unknown
6.	Safely prepare meals using a stove and an oven?	O Yes	O No	O Unknown
7.	Maintain the cleanliness of their apartment?	O Yes	O No	O Unknown

Physical Findings:

Is there past or present evidence of:	Yes	No	If YES, give particulars (Please attach additional information if required)
Incontinence (Bowels):	□	□	If Yes, □ Mild □ Moderate □ Severe
Incontinence (Bladder):	□	□	If Yes, □ Mild □ Moderate □ Severe
Cognitive Impairment:	□	□	If Yes, □ Mild □ Moderate _____ MMSE
Mental Illness:	□	□	_____
Uncontrolled, Aggressive or Violent Behavior:	□	□	_____
Infectious Diseases:	□	□	If Yes, Type: _____
Alcohol or Drug Abuse:	□	□	If Yes, □ Past □ Present Details: _____

_____

_____

General Remarks and other pertinent medical information:

_____

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_____

Name and address of Physician completing application:

THIS MEDICAL REPORT IS VALID FOR 6 MONTHS

Name: _____ Clinic Name: _____

Clinic Phone No.: _____ Clinic Address: _____

Clinic Fax No.: _____ _____

Signature: _____ _____

Please return completed form to:
Green Acres Foundation
122 – 5th Avenue South,
Lethbridge, AB, T1J 0S9
Phone: (403) 328-1155 Fax: (403) 328-6370

This confidential information is being collected in accordance with the Alberta Housing Act, in that it relates directly to, and is necessary, to determine eligibility of applicants.
For questions regarding this information, please contact the Green Acres Foundation.