WillowCreek FOUNDATION
SENIORS HOUSING

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:			
Office Phone:	Date of Examination:	Physician's Signature:	

Authorization For Release Of Medical Information

I hereby authorize the release of information requested by the Willow Creek Foundation and waive any and all claims against the person or organization releasing the report or any of the 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.

Applicants Signature:		Date:	
Witness Signature:		Date:	

Is the Applicant's current health stable?	☐ Yes	☐ No
Has the applicant had serious medical issues in 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:
Pace Maker			
Colostomy Bag			
Oxygen			
Ileostony Bag			
Artificial Limb			
Other Aids to Daily Living: (please 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 dependant on mobility aid Uses wheelchair and can transfer in & out

☐ Confined to wheelchair

Check any of the following mobility aids and frequency of usage:

☐ Cane	☐ Regular	☐ Occasional	☐ Walker	☐ Regular	☐ Occasional	
☐ Wheelchair	☐ Electric	☐ Manual	☐ Regular	☐ Occasional		
☐ Scooter	☐ Electric	Manual	☐ Regular	☐ Occasional		

Special Diet: ☐ Diabetic ☐ Cut Up Food ☐ Low Cholesterol ☐ Gluten Free ☐ Low Fat ☐ Minced Food ☐ Pureed ☐ Other:

Allergies: ☐ Food ☐ Medication ☐ Environmental Describe:

Please return completed form to:
Willow Creek Foundation Box 790 Fort Macleod, AB T0L 0Z0
P: 403-553-3662 E: cao@wcfound.com

Does the applicant have any of the following disorders/conditions? (or attach copy of patients current problem and medication list)

Condition	Current		If 'yes' please provide particulars (please attach additional information 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 Behavior			
Socially Inappropriate or Disruptive Behavior			
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	

Willow Creek Foundation 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?			
Are there any other support agencies involved?			

Please provide an explantion of any special concerns that have not been captured on the medical form below or on separate page.

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