
Colonel Macleod Manors & Chinook Arch Manor MEDICAL REPORT

All the information contained within this medical report is confidential and its use confined to within the Willow Creek Foundation (WCF) for determining eligibility for subsidized housing. Its specific purpose is in accordance with the Freedom of Information & Protection of Privacy Act.

I, _____, hereby authorize my physician to release the medical information on this form to the Willow Creek Foundation.

X _____
(Signature of Applicant)

Next section to be filled out by Primary Care Physician

Name of Applicant: _____ Birth Date: _____

Name of Physician: _____ Phone: _____

How long has the applicant been your patient? _____

Physical Examination:

1. Mobility: Walks without assistance ____ With Assistance ____ Wheelchair ____

Activities of Daily Life

Is the applicant able to:

1. Prepare his/her own meals? ____ Yes ____ No
2. Do his/her own laundry? ____ Yes ____ No
3. Manage his/her own hygiene? ____ Yes ____ No

Does the applicant have any concerns with:

1. Hearing ___Yes ___No

2. Vertigo ___Yes ___No

Does the applicant require homecare? ___Yes ___No

Has a referral been made to homecare? ___Yes ___No

Does the applicant have any serious medical condition that should be brought to the WCF's attention? ___Yes ___No If yes, please explain

Independent Factors

Does the applicant:

1. Show signs of dementia? ___Yes ___No If yes, explain

2. Have any history of alcohol or substance abuse? ___Yes ___No If yes, explain _____

3. Has the applicant been diagnosed with any deteriorating physical or mental health condition that may impair his/her ability to manage independently at present or in the near future? ___Yes ___No If yes, explain _____

Do you consider this applicant to be suitable mentally and physically to look after himself/herself in a self-contained apartment building where no special care, nursing care or monitored diets are available? ___Yes ___No If no, explain

Additional comments:

Date

Physician's Signature

This medical report is valid for six (6) months only. Applicant is responsible for notifying the Willow Creek Foundation if his/her circumstances change, effecting health and the validity of this application.