



# CHALMERS LODGE

ASSISTED LIVING FOR SENIORS

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## Health and Social Indicators

**Please ask your doctor to fill out this form and attach it to your application.**

Applicants Name: \_\_\_\_\_

Date of Birth: (D) \_\_\_\_\_ (M) \_\_\_\_\_ (Y) \_\_\_\_\_ Care Card #: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

Pulse: \_\_\_\_\_ Vision: \_\_\_\_\_

**Is the applicant:** .....

Able to Administer

own Medication:            Y   N            A Threat to Themselves:            Y   N

Mentally Stable:            Y   N            A Threat to Others:            Y   N

Friendly and Outgoing:    Y   N            Clean and Presentable:            Y   N

**Does the applicant** .....

Smoke:                        Y   N            Use a Walker:                        Y   N

Misuse Substances:        Y   N            Use a Hearing Aid:                    Y   N

Use a Cane:                    Y   N

How far can the applicant walk on their own: \_\_\_\_\_

**Is the applicant able to** .....

Bath on Their Own:        Y   N            Eat on Their Own:                    Y   N

Make Their Own Bed:        Y   N            Ambulate on Their Own:            Y   N

Dress on Their Own:        Y   N            Dress on Their Own:                    Y   N

