

**Health and Social Indicators Form
Assisted Living at Chalmers Lodge**

Attention: Physician

Your patient is applying for **ASSISTED LIVING** at Chalmers Lodge. Each resident receives a full package of services including 3 meals daily, housekeeping weekly, and medication management (optional). Additional user pay services include: assistance with ADL's, IADL's and escort services. If accepted, your patient will live semi-independently at the Lodge.

Your patient must:

- **Be able to express wishes that are effectively communicated with care staff**
- **Be able to make decisions independently and function safely**
- **Not behave in a way that will jeopardize the safety or well-being of others**

The information you provide will assist our Director of Care with establishing the suitability of your patient for living at Chalmers Lodge.

Privacy Policy

Any information provided to or collected by Chalmers Lodge will be kept private. Access to an applicant's information will be limited to:

1. Chalmers Lodge employees in the service of their jobs.
2. Persons to whom the applicant has granted access.
3. Persons authorized by the law.

The applicant has the right to request access to the personal information in their file, and where appropriate, to have any inaccurate information corrected.

This form addresses physical health, mental health, medications, allergies, ADL's and IADL's.

Health & Social Indicators Form Assisted Living at Chalmers Lodge Patient Information (Please Fax Completed Form to Chalmers Lodge: 604-731-3140)			DoC FoC
Patient's Name			
Date of Birth		PHN#	
Physical Health			
Patient's present physical conditions (including surgeries)			
Mental Health			
Patient's present mental health	Is there evidence of any of the following. If so please tick and describe: <input type="checkbox"/> Memory loss <input type="checkbox"/> Confusion <input type="checkbox"/> Personality disorder <input type="checkbox"/> Depression <input type="checkbox"/> Suicidal ideation <input type="checkbox"/> Hoarding concerns <input type="checkbox"/> A threat to self <input type="checkbox"/> A threat to others <input type="checkbox"/> Other (describe):		
Cognitive Testing	Name of Test:	Date of Test:	Score:

Medication		
List Medications (or attach printout)		
Medication Management	<input type="checkbox"/> Can administer own medications <input type="checkbox"/> Needs medication management	
Allergies & Vaccinations		
List all known allergies and severity of reaction		
Vaccinations up to date?	Flu: <input type="checkbox"/> YES <input type="checkbox"/> NO Pneumonia: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADL's and IADL's		
Ambulation	<p>Is this person ambulatory without assistance: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If NO, what kind of assistance/equipment is required:</p> <input type="checkbox"/> Cane <input type="checkbox"/> 2 Wheel Walker <input type="checkbox"/> 4 Wheel Walker <ul style="list-style-type: none"> • Please note, due to small elevators, Chalmers Lodge does not accept applicants in wheelchairs. <p>Is your patient at risk for falls: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Describe:</p> <p>How far can your patient walk on their own: _____</p>	
Hearing	<input type="checkbox"/> Normal <input type="checkbox"/> Impaired <p>Describe:</p> Hearing Aids: <input type="checkbox"/> None <input type="checkbox"/> Right Hearing Aid <input type="checkbox"/> Left Hearing Aid	
Vision	<input type="checkbox"/> Normal <input type="checkbox"/> Impaired <p>Describe:</p> <input type="checkbox"/> Wears Glasses <input type="checkbox"/> Blind <p>Describe:</p>	

Speech	<input type="checkbox"/> Normal <input type="checkbox"/> Impaired Describe:	
Diet	<input type="checkbox"/> Normal Diet <input type="checkbox"/> Special Diet Describe: Food Allergies: <input type="checkbox"/> YES <input type="checkbox"/> NO Describe: Texture: <input type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Pureed Patient Height: _____ Patient Weight: _____	
Disposition & Appearance	Friendly and outgoing: <input type="checkbox"/> YES <input type="checkbox"/> NO Clean and presentable: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Smoking & Substance Abuse	Smokes: <input type="checkbox"/> YES <input type="checkbox"/> NO Describe: Substance Abuse: <input type="checkbox"/> YES <input type="checkbox"/> NO Describe:	
Extra Support Needed	<input type="checkbox"/> Bathing Support <input type="checkbox"/> Dressing Support <input type="checkbox"/> Toileting Support <input type="checkbox"/> Escort Services	

How long have you been attending the patient? _____

Do you consider the applicant (your patient) to be suitable, both physically and mentally, to safely reside in an assisted living environment? YES NO (reason) _____

Physician's Stamp:

Physician's Name

Physician's Signature

Date