

Leland Home

Residential Care (Level IV Rest Home) Medical Form

PHYSICIANS: Please return this form (all three pages) to Madina Zziwa, Leland Home, 21 Newton Street, Waltham, MA 02453 or by fax -at 781-891-6478.

This Medical Form is to accompany the application for residency in the Leland Home. It is required by state regulations that the potential Resident have an examination to determine their physical, cognitive and psychosocial condition no more than two weeks prior to move-in.

Name of Potential Resident: _____

Date of Birth: _____ Date of last medical checkup: _____

Family/Friend Contact: _____

Activated Health Care Proxy? Yes/No If yes, please forward a copy to Leland.

DNR/Comfort Care Orders in place? Yes/No If yes, please forward a copy to Leland.

Active medical problems: _____

Medications: _____

Allergies/Drug Reactions: _____

Is the Applicant able to perform activities of daily living (ADL's) independently? Yes/No

If not, please explain: _____

Has the potential Resident experienced any of the following (please circle and provide any additional information below):

Angina

Congestive Heart Failure

Hypertension

Diabetes

Cancer

Fractured Hip

Incontinence

Myocardial infarction

Stroke

Paralysis

Epilepsy

Aphasia

GI Problems

Urinary tract problems

Skin Conditions

Past Surgeries

Arthritis

Additional information: _____

Any specific dietary needs? _____

TB or other communicable disease: _____

Date of most recent Mantoux test: _____ Results of Mantoux: _____

Has the resident ever been infected or diagnosed with a communicable disease? Yes/No
If yes, which communicable disease(s): _____

Does Applicant use Tobacco? No _____ Yes _____ Unknown _____

Does Applicant use Alcohol? No _____ Yes _____ Unknown _____

Are there any psychological issues of which we should be aware? _____

Does the potential Resident have a diagnosis of dementia or mental illness? _____

Please explain: _____

Vaccine information: Pneumovac: _____ Tetanus: _____ Flu: _____

Impairment of special sensation? _____ Vision: _____

Hearing: _____ Smell: _____ Paralysis: _____

Does the potential Resident use a wheelchair? _____ Walker? _____ Cane? _____

Have difficulty with stairs? _____

Behavior Patterns (circle one): Appropriate or Inappropriate?

Please explain: _____

Has the Applicant displayed any of the following behaviors? Please circle:

- | | | |
|----------------------------|--------------------------------|---------------------------------------------|
| *Verbal aggression | *Word loss | *Engaging in combative episodes |
| *Verbal outbursts | *Getting lost | *Disrobing in inappropriate places |
| *Disruptive sounds | *Sitting inappropriately | *Resisting care, medication, ADL assistance |
| *Physical aggression | *Unusual gait pattern | *Destroying property or personal items |
| *Misplacing items | *Repetitive questions | *Rummaging through other's belongings |
| *Restlessness | *Suspicious or accusative | |
| *Smearing | *Hallucinations | |
| *Eating sweets excessively | *Crying or tearfulness | |
| *Wandering | *Negative comments | |
| *Sad or withdrawn | *Eating non-edibles | |
| *Pacing | *Inappropriate sexual behavior | |

Please list examples and provide more information for any of the above behaviors that have been marked: _____

Has the potential Resident suffered from any serious illness in the past five years that might impair his/her future health? _____

Has the Applicant been hospitalized during the last five years? Yes/No
If yes, for what reason? _____

Is Applicant under any special treatment? _____

Has the Applicant been confined in a psychiatric hospital for care or detox? _____

Does the Applicant currently drive a car? _____
If so, are there any conditions that might impair the driver from operating the motor vehicle?

Are you aware of any other matters of which we should be informed? _____

Will you continue to care for the potential Resident after move-in? _____

Signature of Physician completing form

Please print Physician's name

Address _____

Date _____ Telephone _____

Additional Comments: _____



The Leland Home
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Waltham, MA 02453
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www.lelandhome.org