



**SENIORS SUPPORTIVE HOUSING
CONFIDENTIAL MEDICAL REPORT**

****Please Read Carefully****

		Fax #'s
Alpine Summit Seniors Lodge, Jasper	Valerie Bartziokas	780-852-4883
Parkland Lodge, Edson	Aubrie Acorn	780-723-7347
Pine Valley Lodge, Hinton	Tracy Sheppard	780-865-1403
Sunshine Place Lodge, Evansburg	Natasha Crosby	780-727-2410
Whispering Pines Lodge, Grande Cache	Thea Stavast	780-827-5601
Heritage Court & Heatherwood Manor	Vivian Williams	780-712-7457
Pembina Pioneer Haven 1, 2 and 3, Riverview Manor, Rosewood Manor and Wildrose Villa	Deborah Bonham	780-727-2029
Lion's Sunset Manor	Sandra Gallimore	780-865-4764
Pine Grove Manor	Jessica Worth	780-852-5000

Dear Physician:

As part of the application and admission process of The Evergreens Foundation, a prospective resident is required to provide us with a current medical report.

The medical information requested in this form is needed to determine the independence and eligibility of the applicant to live in one of our seniors' Facilities. This could be one of our seniors' self-contained apartments or one of our Lodges. This information is confidential and is privy only to the Screening Committee members, including the site manager of the Lodge.

Please complete the questionnaire in full with all the pertinent information concerning the client. Please be aware that most of our sites have no assistance from Medical Personnel, other than Home Care.

Thank you in advance for completing the medical questionnaire in its entirety. If you have any questions regarding the information contained in the medical section of our application, please feel free to contact the appropriate Resident Coordinator listed below.

Note: Your patient will be responsible for any costs associated with this medical report

Respectfully,



Kristen Chambers, CAO

The Evergreens Foundation

Alpine Summit Seniors Lodge, Jasper	Jessica Worth	PH: 780-852-4881
Parkland Lodge, Edson	Cindy Hardy	PH: 780-723-3522
Pine Valley Lodge, Hinton	Tracy Sheppard	PH: 780-865-7366
Sunshine Place Lodge, Evansburg	Natasha Crosby	PH: 780-727-4482
Whispering Pines Lodge, Grande Cache	Thea Stavast	PH: 780-827-5600
Heritage Court & Heatherwood Manor	Vivian Williams	PH: 780-723-7117
Pembina Pioneer Haven 1, 2 and 3 Riverview Manor, Rosewood Manor and Wildrose Villa	Deborah Bonham	PH: 780-727-2613
Lion's Sunset Manor	Sandra Gallimore	PH: 780-865-4762
Pine Grove Manor	Enrique Alonso	PH: 780-852-5000

Consent to the Disclosure of Individual Identifying Health Information (Health Authority)

I, _____, authorize the attached Medical Examination Report individually identifying myself to be disclosed by Dr. _____, in accordance with Section 34 of the *Health Information Act*, TO The Evergreens Foundation, for the following purpose(s);

- Application & Admission Process

I understand that this information will be kept confidential and will be used only in my best interest for assessing my health and social needs, for planning services to meet those needs, and for determining appropriate housing for me.

I understand that under Section 58(2) of the *Health Information Act (HIA)* my express wishes must be considered and I have the right to indicate any portion of my health information that I wish to be kept confidential by my physician and not disclosed to others. (See components of HIA as quoted on the following page)

I also understand the risks and/or benefits that are associated with disclosing or not disclosing my information.

I release The Evergreens Foundation, its employees and agents, from all claims which may arise as a result of the release of the information.

This authorization shall be valid during the time in which I am an applicant and/or resident with The Evergreens Foundation at any of their facilities and may only be terminated at an earlier date by myself, in writing.

Dated this _____ day of _____, 20__.

APPLICANT/PATIENT

WITNESS TO SIGNATURE

Signature

Signature

Printed Name of Applicant

Printed Name of Witness

Medical Questionnaire

PATIENT'S NAME: _____

PATIENT'S BIRTHDATE: _____

ADDRESS: _____

DATE EXAMINED: _____

ATTENDING PHYSICIAN: _____

CLINIC NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

INSTRUCTIONS:

OXYGEN REQUIRED?

NO INTERMITTENT YES

IF YES, IS ASSISTANCE REQUIRED?

YES NO

GASTROINTESTINAL: CONTINENT INCONTINENT COLOSTOMY BAG

URINARY: CONTINENT INCONTINENT INTERMITTENT URINARY DRAINAGE BAG

If applicable, please explain any assistance that may be needed with above:

Any specific behavioural or social disturbances?

YES NO

If yes please explain:

MENTAL HEALTH/MEMORY & ORIENTATION:

Any Alcohol or Substance Abuse issues?

YES NO

If yes please explain:

Any chronic diseases which may cause incapacitation to the point of special care in the future?

Has your patient been hospitalized for a chronic condition in the past 6 months?

YES NO

If YES, please comment below

Any communicable diseases that would jeopardize the health of other vulnerable seniors living in the lodge?

YES NO

If YES, please comment below

Please comment on any specific medical concerns our employees should be alert to:

Any known Allergies that Housekeeping or Kitchen staff need to be aware of?

The Lodge endeavours to accommodate low sodium and diabetic diets. Does your patient have any dietary restrictions? (Please list)

MOBILITY:

CAN THE PATIENT CLIMB AND DECEND STAIRS?

YES NO

PLEASE CHECK ONE:

WALKS WITH ASSISTANCE WALKS WITHOUT ASSISTANCE

SIGHT: GOOD IMPAIRED EYEGLASSES

HEARING: GOOD IMPAIRED HEARING AID (S) VERTIGO

SPEECH: GOOD IMPAIRED

AIDS TO DAILY LIVING: CANE WALKER WHEELCHAIR SCOOTER OTHER

IS THE PATIENT ABLE TO TAKE THEIR OWN MEDICATION?

YES NO

IF **NO**, WILL THE PATIENT REQUIRE THE MAP PROGRAM?

YES NO

IS THE PATIENT ABLE TO DRESS HIM/HERSELF?

YES NO

IS THE PATIENT ABLE TO BATHE UNASSISTED?

YES NO

IS YOUR PATIENT KNOW TO HAVE WANDERING ISSUES OR SIGNIFICANT CONFUSION?

YES NO

IS YOUR PATIENT ABLE TO MANAGE PERSONAL HYGIENE?

YES NO

IS YOUR PATIENT CURRENTLY RECEIVING HOME CARE SUPPORT?

YES NO

HAS A REFERRAL TO HOME CARE BEEN MADE?

YES NO

WOULD YOUR PATIENT BE MORE APPROPRIATELY ACCOMMODATED IN A SITE WITH 24-HOUR HOME CARE SUPPORT?

YES, 24 HOUR NO, NOT NECESSARY

Note: Basic Home Care support such as MAP and bathing are typically offered only for limited daily hours

Home Care service hours of operation may vary by community

The following Section pertains to Patients seeking admission to our Seniors Self-Contained Apartments:

IS THE PATIENT CAPABLE OF COMPLETEING THE FOLLOWING TASKS?

LIGHT HOUSEKEEPING? YES NO PREPARE OWN MEALS? YES NO

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, no staff, nursing care, housekeeping or food service available?

YES NO

IF **NO**, PLEASE EXPLAIN: _____

The following Section pertains to Patients seeking admission to one of our Lodges:

In view of the foregoing, do you consider this Applicant to be suited mentally and physically to enter a Lodge?

YES NO

ADDITIONAL COMMENTS:

Resume Questionnaire here:

How long has the applicant been your patient?

Will you be the attending physician when the applicant moves to the facility?

YES NO

PHYSICIAN'S SIGNATURE

DATE

PLEASE NOTE THE FOLLOWING:

Components of an HIA Consent

Section 34(2) of the HIA says that consent must be given in writing or electronically and include:

- What information is to be disclosed
- The purpose for disclosure of that information
- To whom the information can be disclosed
- That the person giving consent knows why it is being given, and accepts the risks
- The date the consent starts and the date the consent ends, if any
- That the person is aware that the consent can be revoked at any time

Duty to collect, use or disclose health information in a limited manner

58(1) When collecting, using or disclosing health information, a custodian must, in addition to complying with section 57, collect, use or disclose only the amount of health information that is essential to enable the custodian or the recipient of the information, as the case may be, to carry out the intended purpose.

58(2) In deciding how much health information to disclose, a custodian must consider as an important factor any expressed wishes of the individual who is the subject of the information relating to disclosure of the information, together with any other factors the custodian considers relevant

(1999 cH-4.8 s5