



Resident Application

RE: Medical Certificate

To the attending Physician:

This applicant is being considered for accommodation at one of our Seniors facilities.

Successful applicants, to any of our facilities, must be in good physical and mental health, and must be functionally independent.

The Vermilion Valley Lodge is not a health care facility; personal care assistance, or nursing care is not provided by our lodge staff. We do provide services such as cleaning, laundry, and cooking.

The Senior Self-Contained Apartments (Manors) are senior, over 65, apartments. We provide no services to the residents.

The Cottage Units are larger versions of the Senior Self-Contained Apartments with no services provided.

If you have any questions regarding the eligibility criteria, please contact the office at 780-853-5706.

The completed medical form can be faxed to 780-853-1951 or emailed to admin@vdhf.ca

VDHF Management



MEDICAL CERTIFICATE for Applicant Seeking Admission into:

Lodge

Senior Self Contained Apartment

Cottage Unit

Date of Examination _____

Name of Applicant _____ Date of Birth _____
(DD-MMM-YYYY)

Address of Applicant _____

AHCIP _____ Blue Cross No. _____

Gender: Male Female Height _____cm Weight _____kg Blood Pressure _____

Drug Sensitivities/Allergies _____

Other Allergies (i.e., foods, etc.) _____

Required Diet: Type _____ Restrictions _____

Pertinent History: _____

Physical Findings (is there evidence of past or present abnormality of:

	Yes	No	If YES, give particulars (attach additional information if required)
Head and Neck	_____	_____	_____
Cardiovascular System	_____	_____	_____
Respiratory System	_____	_____	_____
Gastrointestinal System	_____	_____	_____
Skin, Lymph Nodes, Breasts	_____	_____	_____
Musculoskeletal System	_____	_____	_____
Nervous System	_____	_____	_____
Genitourinary System	_____	_____	_____
Mental Health	_____	_____	_____
Behaviour Disturbance	_____	_____	_____
Infectious Diseases	_____	_____	_____

Routine Laboratory Findings (if applicable)

Medication

Diagnosis (in order of significance)

1. _____
2. _____
3. _____
4. _____

Prognosis (please check one) Improvement Maintenance Deterioration

Ambulatory Status _____

Do you consider the Applicant mentally and physically fit for (choose only the level applicant is applying for):

- | | | |
|---|------------------------------|-----------------------------|
| residence at a Lodge level? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| residence in an Independent Self-Contained Apartment level? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| residence in an Independent Cottage Unit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please comment _____

Please note: This application cannot be processed unless all the questions are answered completely.

Physician Name _____ Physician Signature _____
(please print)

The collection, use, retention, and disclosure of personal information collected from this form is done in compliance with privacy legislation, including, but not limited to, the Freedom of Information and Protection of Privacy Regulation (consolidated 2006).