

PHYSICIAN'S REPORT FOR ASSISTED LIVING HOME

FOR RESIDENT / CLIENT OF, OR APPLICANT FOR ADMISSION TO, HOME CARE FACILITIES

Our Facilities The Pines: (928) 526-1876 Pine Meadows Ranch: (928) 522-8622	Main Office: Phone: (928) 635-6750 Fax: (928) 635-6751 688 S. Garland Prairie Rd Williams, AZ 86046 Download this form at www.FlagstaffCareHomes.com
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NOTES TO PHYSICIAN:

- The person specified below is a resident / client of or an applicant to a licensed Assisted Living Home
- These types of facilities are currently responsible for providing the level of care and supervision, primarily nonmedical care, necessary to meet the needs of the individual residents / clients.
- THESE FACILITIES DO NOT PROVIDE PROFESSIONAL NURSING CARE.
- The information that you complete on this person is required to assist in determining whether he/she is appropriate for admission to or continued care in our facilities. We will also use this information to help us give them the best daily care within our power.

RESIDENT / CLIENT INFORMATION

Name	Date of Birth	Social Security Number
Street Address	City	State
	Zip	Telephone
AUTHORIZED FOR RELEASE OF MEDICAL INFORMATION (To be completed by person's authorized representative)		
I hereby authorize the release of medical information contained in this report regarding the physical examination of:		
Patient Name		
To (Name and Address of Licensing Agency)		
Signature of Resident/Potential Resident and/or His/Her Authorized Representatives		

PATIENT'S DIAGNOSIS (To be completed by the Physician)

Primary Diagnosis				
Secondary Diagnosis				
Age	Sex	Height	Weight	In your opinion, does this person require skilled nursing care
Date of Last Tuberculosis Test	TB Results (Circle One)		Treatment Needed (If Yes, see next line)	
	None Inactive Active		Yes No	
Explain Type of Treatment Needed				
List Any Contagious Diseases				
List Any Allergies				
Patient Ambulates With (Circle One)				
Unassisted Cane Quad Cane Walker Wheelchair Other (explain):				

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