

THE BRITISH HOME
Independent and Assisted Living
Medical Report – Pre-Admission

Name of Applicant: _____

Length of time under your care: _____ Date of Birth: _____

Age: _____ Gender: _____ Blood Pressure: _____ Weight: _____ Height: _____

Allergies: _____

Primary Diagnosis / Date of onset:

Secondary Diagnosis / Date of Onset

Hospitalizations: (Attach additional sheet if needed)

Date	Hospital	Procedures / Test

Medications: (Attach separate sheet if needed)

General Health: _____ **Excellent** _____ **Good** _____ **Fair** _____ **Poor**

Diet: _____ Regular _____ Regular, no salt on table

Other (Specify): _____

Dietary Limitations: _____

<u>Yes</u>	<u>No</u>	<u>Physical Condition</u>
_____	_____	Visual Impairment - Explain: _____
_____	_____	Hearing Impairment - Explain: _____
_____	_____	Speech Impairment - Explain: _____
_____	_____	Drug/alcohol problem - Explain: _____
_____	_____	Contagious or infectious disease - Explain: _____
_____	_____	Able to leave building without supervision / assistance in emergency

<u>Yes</u>	<u>No</u>	<u>Mental Condition</u>
_____	_____	Oriented to TIME - knows time of day, month and year
_____	_____	Oriented to PLACE – knows location where he/she is at all times, knows familiar places
_____	_____	Oriented to PERSON – knows own name and the name of familiar person(s)
_____	_____	Forgetful (circle one >) Part of the time Most of the time
_____	_____	Able to follow instructions
_____	_____	Cooperative
_____	_____	Depressed - Explain: _____
_____	_____	Aggressive/Combative - Explain: _____

*** Required:**

*** Tuberculosis Examination:** _____ X-Ray _____ PPD Results: _____ Date: _____

PHYSICIAN TO COMPLETE
Medical Report - Pre-admission

<u>Yes</u>	<u>No</u>	<u>Requires Use Of :</u>	<u>Yes</u>	<u>No</u>	<u>Requires Use Of :</u>
___	___	Cane (s)	___	___	Eyeglasses
___	___	Walker	___	___	Dentures
___	___	Wheelchair	___	___	Prosthesis Explain: _____
___	___	Oxygen Explain: _____			
___	___	Catheter Explain: _____			

<u>Yes</u>	<u>No</u>	<u>Requires Assistance for:</u>
___	___	Ambulation – how to move about, including both mental and physical ability
___	___	Transferring – moving between positions (bed, chair, standing)
___	___	Eating – process of taking food into the body
___	___	Bathing – (tub bath or shower) getting in and out of tub / shower
___	___	Dressing – gets clothes from closets & drawers, puts on clothes, socks and shoes, manage fasteners
___	___	Toileting – going to and from toilet for bowel and urine elimination, cleansing self & adjusting clothes
___	___	Bladder control; Explain: _____
___	___	Bowel control; Explain: _____
___	___	Medication – ability to administer and store medications as they are prescribed

Please indicate the level of care the applicant should be placed:

Retirement Center
 Assisted Living
 Skilled Nursing Facility

Physician's Name: _____ **Phone:** _____
Physician's Address: _____
Physician's Signature: _____ **Date:** _____

Return to: The British Home, 647 Manzanita Ave., Sierra Madre, CA 91024 ATTN: ADMISSIONS

FAX: (626) 355-7267