



THE BRITISH HOME IN CALIFORNIA, LTD.

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:

If Dementia is a diagnosis please indicate

☐ Mild Cognitive Impairment ☐ Other Type of Dementia

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: _____

Yes No Physical Condition

____ 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

Yes No Mental Condition

____ 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: _____

Yes No Requires Use Of:

___ ___ Cane (s)

___ ___ Walker

___ ___ Wheelchair

___ ___ Oxygen Explain: _____

___ ___ Catheter Explain: _____

Yes No Requires Use Of:

___ ___ Eyeglasses

___ ___ Dentures

___ ___ Prosthesis, Explain: _____

Yes No Requires Assistance for:

___ ___ 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:** _____

Mail to: The British Home, 647 Manzanita Ave., Sierra Madre, CA 91024

ATTN: ADMISSIONS Or Fax to: (626) 355-7267