

# VILLA SCALABRINI

## RETIREMENT CENTER AND SPECIAL CARE UNIT

### MEDICAL REPORT – PRE-ADMISSION

Name of Applicant

Date of Birth  Age  Female  Male

Length of time applicant has been under your care

Blood Pressure  Weight  Height

Allergies

**PRIMARY DIAGNOSIS / DATE OF ONSET**


**Special procedures and hospitalizations relating to primary diagnosis / dates.**

Date	Hospital	Procedures / Test

**SECONDARY DIAGNOSIS / DATE OF ONSET**


**TUBERCULOSIS EXAMINATION:**

**DATE:**

RESULTS:  Active  Inactive or None

How Determined:  X-Ray  P.P.D.

Other, Please Specify:

**DIET**       Regular       Regular, NO salt on table  
                  Other, please specify:

**Dietary Limitation:**

**CURRENT MEDICATION:** (Please attach complete list if the space below is insufficient):

**PHYSICAL CONDITION**

**GENERAL HEALTH (Please check one)**     Good       Fair       Poor

**YES    NO**

Visual Impairment – if YES, please explain	
Hearing impairment – if YES, please explain	
Speech impairment – if YES, please explain	
Drug / alcohol problem – if YES, please explain	
Able to leave building without supervision or assistance in emergency	
Contagious or infectious disease – if YES, please explain	

**YES    NO**

**MENTAL CONDITION**

- Oriented all the time – knows time of day and night: knows day, month, and year.
- Oriented to place – knows location where she/he is at all times; knows familiar place.
- Oriented to person – knows own name and the name of familiar person.
- Forgetful part of time
- Forgetful all or most of the time.
- Able to follow orders/instruction.

Cooperative  
Depressed  
Aggressive, combative

**YES NO REQUIRES ASSISTANCE FOR:**

- Ambulation – how to moves about, including physical ability (walking) and mental ability, to get from one place to another place.
- Transferring – process of moving between positions (to/from bed, chair, standing).
- Eating – process taking food into the body.
- Bathing – (tub bath or shower) getting in and out of tub / shower.
- Dressing – gets clothes from closets and drawers, puts on clothes, socks and shoes; manage fasteners.
- Toileting – going to and from toilet for bowel and urine elimination, cleansing self and adjusting clothes.
- Bladder control day.
- Bowel control.
- Medication – ability to administer medications as they are.
- Prescribed (Retirement Center Applicants Only)
- Can store own medication.

**YES NO REQUIRES THE USE OF:**

- Cane(s)
- Tri-quad Cane
- Crutch(s)
- Wheelchair
- Oxygen – if YES, please specify when and how often.
- Catheter
- Dentures
- Eyeglasses
- Prosthesis – if YES, please specify:
- Other – if YES, please specify:

**Are there any ongoing treatments that the applicant requires or would require after admission?**

YES NO if YES, please specify:

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

- Retirement Center   Assisted Living   Skilled Nursing Facility

**If applicant is admitted to Villa Scalabrini, will you continue to be her/his attending physician?   YES   NO**

Physician completing this form:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State, Zip Code:	<input type="text"/>
Telephone Number:	<input type="text"/>
Physician Signature:	<input type="text"/>
Date:	<input type="text"/>