TO BE COMPLETED BY PHYSICIAN

This information must be completed within 90 days prior to admission to Masonic Pathways. Any individual admitted to Masonic Pathways must have evidence of communicable disease screening on record prior to admission. Each resident shall receive a 2-step TB skin test or physician evaluation for signs and symptoms of TB. If there is a history of a positive TB skin test, the physician will determine if there is a need for additional screening. A community mental health form must also be completed within 30 days prior to admission in the J.F. Sanders Health Care Center.

Applicant's Name: _____

Gender: _____ Date of Birth: _____

MEDICATIONS/TREATMENT

	Name	Dose	Frequency	Route	Diagnosis
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					

If more space is needed, please attach second sheet.

Applicant's Name: _____

Does the applicant use tobacco? **[ ] No [ ] Yes, Frequency** _____

Does the applicant use alcohol? **[ ] No [ ] Yes, Frequency** _____

Please list any known allergies: _____

Date of last Mammogram _____ Date of last Colonoscopy _____ Date of last Pap Smear _____

Pneumococcal Vaccine? **[ ] Yes [ ] No** If yes, give date _____

PPD Status: [ ] POS [ ] NEG [ ] Unknown Date of last PPD _____

Glasses **[ ]Yes [ ]No** Hearing Aids **[ ] Yes [ ]No** Dentures **[ ] Yes [ ] No**
Please include copies of recent audiograms, audiology or ENT reports.

Cognitive:	**Memory**	Excellent	Good	Fair	Poor	**MMSE Score**
	Orientation	Excellent	Good	Fair	Poor	_____
	Judgement	Excellent	Good	Fair	Poor	

If cognitive impairments exist, please include copies of laboratory, imaging and psychometric testing.

Curent or Past Psychiatric Diagnoses:

None Known Anxiety Depression Psychosis Other _____

Any known psychiatric hospitalizations or formal outpatient psychiatric care? [ ] Yes [ ] No
If yes please include dates and providers.

Functional Status:	**Eating**	Independent	Assisted	Dependent
	Toileting (Bladder)	Independent	Assisted	Dependent
	Toileting (Bowel)	Independent	Assisted	Dependent
	Bathing	Independent	Assisted	Dependent
	Dressing	Independent	Assisted	Dependent
	Transferring	Independent	Assisted	Dependent
	Ambulation	Independent	Assisted	Dependent

Is applicant competent in managing their own medications? [ ] Yes [ ] No

In order to prevent any delays in the processing of your patient's application, please promptly fax to:

Masonic Pathways
Residential Assisted Living & Village Estates
Phone 989-466-3849 – **Fax 989-466-3019**

J.F. Sanders Health Care Center
Phone 989-466-3818 – **Fax 989-466-4438**

_____
Physician's Signature

_____
Printed Name

Date: _____

Address: _____

_____

Phone: _____

Medical Records Request List

In order to provide the highest quality of medical care it is important that the medical staff at Masonic Pathways has access to your previous health care records. Please complete this form and return it to the Admissions Office, along with a signed Medical Records Release Form for each provider listed, as soon as possible. With your prompt cooperation, our staff will make every effort to obtain your health care records prior to your arrival.

Applicant's Name _____

Primary Physician _____
Street Address: _____
City, State Zipcode _____
Phone: ( ) _____ Fax: ( ) _____

Dentist _____
Street Address: _____
City, State Zipcode _____
Phone: ( ) _____ Fax: ( ) _____

Optometrist _____
Street Address: _____
City, State Zipcode _____
Phone: ( ) _____ Fax: ( ) _____

Specialist _____
Street Address: _____
City, State Zipcode _____
Phone: ( ) _____ Fax: ( ) _____
Treated for: _____

Specialist _____
Street Address: _____
City, State Zipcode _____
Phone: ( ) _____ Fax: ( ) _____
Treated for: _____

Hospital _____
Street Address: _____
City, State Zipcode _____
Phone: ( ) _____ Fax: ( ) _____
Treated for: _____

Hospital Stay in past year? [ ] Yes [ ] No If yes, provide dates _____

Please list all the medications (prescription and non-prescription) that you currently take on a regular basis:

Name	Dosage	Frequency

You should bring your unused, clearly marked medications to Masonic Pathways when you move in. A member of our Nursing staff will determine whether or not they can be used, based upon packaging and the level of care you require.

Please do not refill or stockpile any medications prior to your arrival, as we may need to request a different packaging system.