



Application for Seniors Lodge - Medical Report

Please return completed form to:

Peter Dawson Lodge, 614 1st street N, Vulcan, AB T0L 2B0

P: 403-485-2422

F: 403-485-2393

E: drc@marquisfoundation.ca

Applicant:	Last Name:		Given Name:	
Date of Birth: (MM/DD/YY)		Alberta Health Care Number:		
Date of Last Examination:		Last Annual Physical:		

Physicians Name:(printed)			
Address:			
	Street/Box	Town/City	Postal Code
Office Phone:		Date of Examination:	
Hospital Affiliation:		Physician's Signature:	

Authorization For Release Of Medical Information

I hereby authorize the release of all information requested by Marquis Foundation and waive any and all claims against the person or organization releasing the report, or any of its officers, servants, agents, staff members or employees for any purpose whatsoever in connection with the communication and disclosure of the said information.

I understand that this personal information is being collected in accordance with Section 4(C) of the Protection of Privacy Act, and I consent to the said collection. For questions about the collection and use of your personal information, contact the Director of Resident Care at Marquis Foundation at 403-485-2422

Applicants Signature:		Date:	
Witness:		Date:	

Is the Applicant's current health stable?	☐ Yes ☐ No
Has the Applicant had serious medical issues within the past year?	☐ Yes ☐ No
If "yes" please provide details and current management:	

Does the Applicant Have:	Yes	No	Applicant ability to manage without assistance:
Pacemaker			
Colostomy Bag			
Oxygen			
Ileostomy Bag			
Artificial Limb			
Other Aids to Daily Living (specify)			

Hearing	☐ Normal	☐ Impaired	☐ Absent	☐ Hearing Aid	
Visual	☐ Normal	☐ Impaired	☐ Absent	☐ Good with Glasses	
Mobility	☐ Excellent – no mobility aid		☐ Good – minimal help with mobility aid		
	☐ Good – but dependent on mobility aid		☐ Uses a wheelchair and can transfer in/out		
	☐ Confined to a wheelchair				
	Check any of the following mobility aids and frequency of use:				
	☐ Cane	☐ Regular	☐ Occasionally	☐ Walker	☐ Regular
Special Diet	☐ Wheelchair	☐ Electric or	☐ Manual	☐ Regular	☐ Occasionally
	☐ Scooter	☐ Electric or	☐ Manual	☐ Regular	☐ Occasionally
	☐ Diabetic	☐ Cut-up Food	☐ Low Cholesterol	☐ Gluten Free	
Allergies	☐ Low Fat	☐ Minced Food	☐ Pureed	☐ Other:	
	☐ Food	☐ Medication	☐ Environment Describe:		

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Does the Applicant have any of the following disorders/conditions? * Please include Details on reverse.

Condition	Current		If "yes" please provide particulars (please attach addition informal if required)
	Yes	No	
Heart Disease			
High Blood Pressure			
Stroke			
Diabetes			
Arthritis			
Epilepsy			If yes, ☐ Mild ☐ Moderate ☐ Severe
Renal Failure			If yes, ☐ Mild ☐ Moderate ☐ Severe
Incontinence (bladder)			If yes, ☐ Mild ☐ Moderate ☐ Severe
Incontinence (bowel)			If yes, ☐ Mild ☐ Moderate ☐ Severe
Respiratory Deficiencies			
Parkinson's Disease			If yes, ☐ Mild ☐ Moderate ☐ Severe
Cognitive Impairment *			If yes, ☐ Mild ☐ Moderate ☐ Severe
Alzheimer's Disease *			If yes, ☐ Mild ☐ Moderate ☐ Severe
Wandering *			
Mental Illness *			
Uncontrolled, Aggressive or Violent behavior *			
Socially inappropriate or Disruptive behavior *			
Depression *			
Alcohol or Drug Abuse			If yes, ☐ Past ☐ Present Details:
Infectious Diseases			If yes, Type:
Smoking			
Tuberculosis			
Nutritional Deficiencies			
Communication Difficulty?			Due to: ☐ Mental Causes ☐ Deafness ☐ Speech Impediment ☐ Language Barrier

Marquis Foundation provides meals, Housekeeping Services and 24 Hour Non-Medical Supervision only. Given this information is your patient, without assistance, able to:

	Yes	No	Comments
Administer own medications			
Physically manage care including dressing			
Maintain appropriate level of personal Hygiene			
Is the Applicant able to independently ambulate to and from the dining room in the lodge setting?			
Live in a lodge setting without assistance such as reminders and prompting			
Socially fit in and interact with other seniors			
Does the Applicant require Home Care Services?			
Is there any other support agency involved?			