



ST. DOMINIC'S SENIOR CARE HOME

**350 North Sabana Drive
Barrigada Heights, Guam 96913**

PRE-ADMISSION MEDICAL REPORT

TO THE PHYSICIAN: PLEASE BE SPECIFIC IN PROVIDING A COMPLETE REPORT. Such information is essential for determining proper placement and for expediting admission. This information will be part of the medical record in the institution. Your cooperation will be deeply appreciated.

NAME _____ AGE _____ DATE _____

PHYSICAL FINDINGS (Check those applicable)

A. State of Ambulation

- _____ Walks freely without aid, including stairs.
- _____ Walks with difficulty without aid, including stairs.
- _____ Walks without aid, but cannot climb stairs.
- _____ Requires assistance for all walking.
- _____ Crutches.
- _____ Bedfast (can _____, cannot _____ be placed in chair.)

OTHER QUALIFYING REMARKS _____

B. Feeding

- _____ Can cut food and feed self.
- _____ Can feed self only if food is cut.
- _____ Must be fed.
- _____ Tube feeding required.

OTHER QUALIFYING REMARKS _____

C. Bowel and Bladder Control

- _____ No assistance required.
- _____ Could be helped to bathroom when necessary.
- _____ Conditions varies.
- _____ Requires bedpan or urinal and can _____ cannot _____ request same.
- _____ Completely incontinent of feces and urine.

OTHER QUALIFYING REMARKS _____

D. Speech

- _____ No difficulty.
- _____ Language barriers.
- _____ Dysarthria.
- _____ Aphasia.

OTHER QUALIFYING REMARKS _____

E. Mental State

- _____ No abnormalities.
- _____ Emotional stability presenting _____ not presenting _____ problems in management.
- _____ Mild confusion and memory lapses.
- _____ Noisy and disturbing to others.
- _____ Has been in the past an alcoholic or drug addict _____ but not presented these problems at present time.

OTHER QUALIFYING REMARKS _____

F. Personal Care

_____ No assistance needed.
_____ Needs help in dressing _____ bathing _____ toileting _____ transfer to/from bed/chair _____

OTHER QUALIFYING REMARKS _____

G. Does patient require

_____ Close medical care and supervision.
_____ Primary nursing care with occasional medical supervision.
_____ Simple custodial care (room and board in protected situation) with occasional medical supervision.

OTHER QUALIFYING REMARKS _____

Any special problems such as deafness _____ blindness _____ amputation _____

Is the patient free from communicable disease? Yes _____ No _____

Diagnosis _____

Prognosis _____

Restorative Goals _____

Laboratory findings: Please send copies of reports of all laboratory tests.

Serology _____ CBC _____ Urinalysis _____ Other _____

X-Ray report: Please send copy of report.

Recommendations _____

Special Diet _____

Medications _____

Have you been the family physician? Will you continue with medical care for this patient in the future, including stay at St. Dominic's Senior Care Home? _____

Signature of Examining Physician _____

Date _____

Address _____

Tel. No. _____