

APPLICATION FOR LODGE ACCOMMODATION

Application Date: _____

Name: _____ Date of Birth _____

Address: _____ Postal Code _____

Phone: _____ Marital Status _____

I have attached a copy of my **Notice of Assessment**.

This confidential information is being collected in accordance with the Alberta Housing Act, in that it relates directly to and is necessary to determine eligibility of applicants of Bridges Community Living Lodge programs. Personal information contained herein may be disclosed if deemed necessary to assess eligibility of applicants. For further information please contact the FOIP (Freedom of Information and Protection of Privacy) Coordinator for Bridges Community Living at 403-343-1077.

FAMILY CONTACTS

#1- Contact

Name _____ Phone _____

Address _____ Postal Code _____

Work Phone _____ Cell Phone _____

Relationship _____ Email _____

#2- Contact

Name _____ Phone _____

Address _____ Postal Code _____

Work Phone _____ Cell Phone _____

Relationship _____ Email _____



**AUTHORIZATION FOR RELEASE OF INFORMATION
FROM THE MEDICAL REPORT**

I, _____ hereby authorize any physician, medical clinic or hospital, who has any records or knowledge of my health to provide full information to the Bridges Community Living, or any authority acting on their behalf.

Date: _____ Signature of Applicant: _____

Signature of Witness: _____

APPLICANT INFORMATION (PLEASE PRINT)

Last Name: _____ First Name: _____

How long has the applicant(s) been your patient?: _____

PHYSICIAN INFORMATION

Date: _____

Examining Physician: (Please print) _____

Clinic: _____

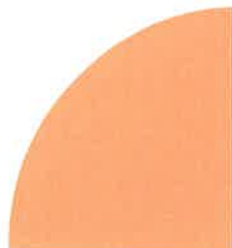
Clinic Address: _____

Phone _____

NOTE TO EXAMINING PHYSICIAN:

If this is a Lodge applicant; they must be able to feed themselves, get to meals and toilet independently. **The need for home care and other services MUST be arranged prior to admission.** Lodges do not provide any home care or medical services.

If this is an Apartment (Self Contained) applicant; they must be able to manage **ALL** day to day living needs on their own including scheduling home care and medical appointments.



#301, 4719 – 48 Avenue
RED DEER, AB T4N 3T1
FAX: 403-343-2332

Confidential Medication Information

LODGE

APARTMENT

Condition:

Is there any past or present evidence of:

Depression Yes No If yes, Mild Medium Severe

Cognitive Impairment: Yes No If yes, Mild Medium Severe

Alzheimer's Disease: Yes No If yes, Mild Medium Severe

Dementia: Yes No If yes, Mild Medium Severe

Mental Illness: Yes No If yes, Mild Medium Severe

Is the applicant being treated at this time: Yes No

Diabetes: Yes No If yes, Mild Medium Severe

Any significant impairment: _____

Insulin: Yes No Able to self-administer insulin: Yes No

Communicable Disease: Yes No Type: _____

Infectious Diseases/Antibiotic Resistant Diseases: Yes No Type: _____

Chronic Disease which would require special care: Yes No

Oxygen Required: Yes No If yes, Mild Medium Severe

Gastrointestinal: Yes No If yes, Mild Medium Severe

Bladder: Continent Incontinent Intermittent

Bowel: Continent Incontinent Intermittent

Catheter: Yes No

Colostomy: Yes No

Physical Disability: Yes No Describe: _____

Requires assistance transferring in & out of bed and to washroom: Yes No

Medical Overview:

Musculoskeletal: _____

Mental Health/Memory & Orientation: _____

Psycho – Social/Specific Behavior Disturbance: _____

Has the patient been hospitalized in the last 12months? Yes No

If yes, Where, Why, How Often and Length of Stay: _____

Extra Assistance:

Is your patient on Home Care: Yes No

Does your patient require medication assistance: Yes No

Does your patient require a special diet: Yes No Diabetic* Cut up food*

*Please note, there are no dieticians on site, therefore special diets beyond these will have to be managed by the residents

Intellectual Level of Functioning:

Cooperative: Yes At times No

Aggressive: Yes At times No

Tendency to Wander: Yes At times No

Confused: Yes At times No

Destructive: Yes At times No

Unpleasant: Yes At times No

Violent Behavior: Yes At times No

Habits: Yes At times No

Do you consider your patient to be suitable both mentally and physically to enter a **LODGE** where NO special care, nursing care or special diets are available?

Yes No

Do you consider your patient to be suitable both mentally and physically to enter an **APARTMENT** where they are responsible for their own daily living needs such as cooking and cleaning?

Yes No

Will you be the attending Physician when the applicant moves into Bridges Community Living?

Yes No