Medical Report for Applicant

CANTERBURY FOUNDATION

8403 - 142 Street Edmonton, Alberta T5R 4L3 Telephone: 483-5361 FAX: 484-0234

(To be completed by your physician) Please print or type

Name: ______________________ Address: ______________________

City: ______________________ Province: __________ Postal Code: __________

Telephone No. ______________________ Date of Birth: ______________ Sex __________

Albera Health # ______________________ Allergies: ______________________

List all diagnosis (in order of significance): ______________________

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List all current medication, stating dose, time, indication (include all over the counter medications):

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Does Applicant require any treatments? YES ☐ NO ☐ If so, please detail: ______________________

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Have you noticed any indications, or have concerns re the following?

Falls	YES ☐	NO ☐	Substance abuse	YES ☐	NO ☐
Memory	YES ☐	NO ☐	Judgements/Decisions	YES ☐	NO ☐
Anxiety	YES ☐	NO ☐	Depression	YES ☐	NO ☐
Stress Incontinence	YES ☐	NO ☐	Incontinence	YES ☐	NO ☐
Suicide	YES ☐	NO ☐	Paranoia	YES ☐	NO ☐
Hallucinations	YES ☐	NO ☐	Agitation	YES ☐	NO ☐
Aggression	YES ☐	NO ☐	Wandering	YES ☐	NO ☐

If yes, please explain: ______________________

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Is Applicant on any special diet? YES ☐ NO ☐

If so, describe: ______________________

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How long has Applicant been your patient? ______________

NAME OF PHYSICIAN: ______________________ DATE OF EXAM: ______________

TELEPHONE NO. ______________________ ADDRESS: ______________________

Canterbury Foundation is in compliance with the personal information Alberta protection act. For more information contact the leasing office.