

PHYSICIANS CONFIDENTIAL REPORT

To be completed, signed and sent to FAX: 623-975-8805 _____

La Loma Village
14154 Denny Blvd
Litchfield Park, AZ 85340
(623)975-8800

I am applying for residency at La Loma Village, and hereby authorize the release of my medical records to La Loma Village for review.

Signature _____ Date _____

Name of Applicant: _____ Age: _____

Address: Street: _____ City: _____ State: _____ Zip: _____

How long have you known the applicant: _____

Date of birth: Month: _____ Day: _____ Year: _____

Height: _____ Weight: _____ General Physical Condition: _____

Current illness or disability: _____

Chronic illness or disability: _____

Medication or treatment patient is now receiving: _____

Prognosis of illness or disability: _____

Prostheses now used by patient (including dentures, glasses, hearing aids, trusses, braces, artificial limbs, walking aids, etc.): _____

PAST MEDICAL HISTORY

Diseases (including allergies, nervous and mental disorders): _____

Accidents (type and date of each): _____

Operations (type and date of each): _____

Physical Examination at Time of Application:

Is there any evidence of dementia: _____

Is there any evidence of need of immediate nursing care: _____

General mental condition and emotional status: _____

Temperature: _____ Pulse: _____ Respiration: _____

Blood Pressure: Systolic: _____ Diastolic: _____

Systemic Review: _____

