

# PHYSICIAN'S REPORT

To be completed by primary care physician as a part of an application process

## Friendsview Retirement Community

1301 East Fulton Street

Newberg, Oregon 97132

Phone: (503)538-3144

Fax (503)538-6371

Dear Doctor,

Your patient, \_\_\_\_\_, is applying for residence at Friendsview Retirement Community. Approval into our continuing care retirement community (CCRC) is based on his/her ability to live independently. Prior to his/her move-in, a physician's report must be submitted. We appreciate your assistance in providing us with the following information at your earliest convenience:

Code Status: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Date: \_\_\_\_\_

Health Summary: \_\_\_\_\_

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Allergies: \_\_\_\_\_

Current medications:

Drug:	Dosage:	Frequency:
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does applicant need assistance with medications? \_\_\_\_\_

Surgeries (include procedure and date): \_\_\_\_\_

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Other hospitalizations (include date): \_\_\_\_\_

\_\_\_\_\_

Food allergies: \_\_\_\_\_

Alcohol Use? \_\_\_\_\_ Tobacco Use? \_\_\_\_\_

Is applicant mentally alert? \_\_\_\_\_ Are there any signs of confusion? \_\_\_\_\_

Are there any physical or mental conditions that substantially impair a major life activity, such as bathing, grooming, dressing, personal hygiene care, mobility, cognitive function or medication management? If so, please describe:

\_\_\_\_\_

Would he/she be able to leave the building unassisted in an emergency situation? \_\_\_\_\_

Is he/she able to use stairs safely? \_\_\_\_\_.

Does applicant have uncorrectable vision or hearing loss? \_\_\_\_\_

Is he/she free of communicable disease? \_\_\_\_\_

Is applicant incontinent of bladder? \_\_\_\_\_ Bowel? \_\_\_\_\_

Would you anticipate this person being able to make a smooth transition from his/her current living situation to a different environment? \_\_\_\_\_

\_\_\_\_\_

Comments or other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Thank you. If you have any questions or concerns, please do not hesitate to contact me at 503-538-3144.