



Greater North Foundation

MEDICAL ASSESSMENT FOR LODGE ACCOMMODATION (CONFIDENTIAL)

“Functional independence with the assistance of existing community-based services” is a **legislated eligibility requirement** for **Supportive Living level accommodations** (Senior’s Lodges).

This form should **only** be completed by a medical professional with the capacity to assess and determine whether or not an individual is functionally independent (ie. a Home Care RN, family physician, nurse practitioner, etc.).

Any cost associated with the completion of this document are the responsibility of the applicant.

A. GENERAL

1. Applicant Name:
2. Date of Birth (MM/DD/YYYY):
3. Gender: Male Female Other Explain:
4. How long have you known the Applicant:
5. Personal Health Number:

B. MENTAL HEALTH AND ADDICTION

Please indicate degree of impairment according to rating below:

Condition	1 – None(N/A)	2 – Mild	3 - Moderate	4 - Severe	Comment
Cognitive Impairment					
Dementia					
Depression					
Wandering					
Aggression					
Substance Abuse					
Diagnosed Mental Illness					

1. Does the applicant have any other diagnosed mental illness that is not listed above? Yes No

If yes, please provide additional information:

2. Are mental health and addiction impairments currently being managed with medications? Yes No

C. PHYSICAL HEALTH

PLEASE PROVIDE INFORMATION ON THE CATEGORIES BELOW:

Note: **SCHEDULED CARE ASSISTANCE** is provided by homecare-based services as approved by Assisted Living Alberta, Continuing Care department (Home Care). Scheduled care assistance is NOT provided by the Greater North Foundation. Application and approval for Home Care is required if schedule care assistance is required.

Please indicate degree of impairment according to rating below:

Condition	1 – None(N/A)	2 – Mild	3 - Moderate	4 - Severe	Comment
Visual					
Hearing					
Speech Difficulties					
Language Barrier					

1. **KNOWN ALLERGIES (please specify):**

2. **OXYGEN REQUIREMENT/USE:** Yes No

If YES, self-managed or able to manage with scheduled care assistance only: Yes No

3. **THE LODGE ENDEAVOURS TO ACCOMMODATE LOW SODIUM AND DIABETIC DIETS. DOES THE APPLICANT HAVE ANY DIETARY RESTRICTIONS?**

DIABETIC: Yes No

LOW SODIUM: Yes No

CELIAC Yes No

OTHER: Please Explain:

If YES to any above, is the restriction self-managed or able to manage with scheduled care assistance: Yes No

4. **INDEPENDENTLY MOBILE (with or without mobility aids):** Yes No
 Mobility Aid(s) used: Cane
 Walker
 Wheelchair
 None
5. **INCONTINENT** Yes No
 If **YES**, self-managed or able to manage with scheduled care assistance: Yes No
6. **CURRENTLY ABLE TO MANAGE PERSONAL HYGIENE:** Yes No
 If **NO**, able to manage with scheduled care assistance: Yes No
7. **CURRENTLY ABLE TO MANAGE BATHING:** Yes No
 If **NO**, able to manage with scheduled care assistance: Yes No
9. **CURRENTLY ABLE TO MANAGE MEDICATIONS:** Yes No
 If **NO**, able to manage with scheduled care assistance : Yes No
10. **OTHER SCHEDULED CARE NEEDS OF NOTE (IE. CATHETER, COLOSTOMY BAG, ETC.):** Yes No
 If **YES**, please describe:
11. **DOES THE APPLICANT HAVE ANY COMMUNICABLE DISEASES THAT WOULD JEOPARDIZE THE HEALTH OF OTHER VULNERABLE SENIORS LIVING IN THE LODGE:** Yes No
 If **YES**, Please describe:
12. **DOES THE APPLICANT CURRENTLY UTILIZE HOME CARE SERVICES:** Yes No
 If **NO** do they require Home Care service? Yes No
 If applicant requires Home Care services, has an application for services been initiated Yes No
13. **BASED ON YOUR ASSESSMENT OF THE APPLICANT, CAN THE APPLICANT FUNCTION INDEPENDENTLY WITH OR WITHOUT LIMITED COMMUNITY-BASED SERVICES:** Yes No
14. **PLEASE PROVIDE ADDITIONAL COMMENTS THAT YOU FEEL MAY BE RELEVANT TO THE ACCEPTANCE OF THIS APPLICATION FOR LODGE ACCOMMODATIONS:**

D. COMPLETION AND SIGNATURE

Greater North Foundation collects information for business operations in compliance with the Alberta Protection of Privacy Act (POPA). We safeguard personal privacy and ensure all information is handled appropriately in accordance with applicable legislation. Questions regarding the collection of personal information can be directed to the information coordinator at 780-675-9660.

This report was completed on and by:

Date (mm/dd/yr):

Name:

Professional designation:

Address:

Telephone:

Signature:

Please return completed form to the applicant, or forward directly to:

Greater North Foundation
Unit 1, 3603 – 53 St.; Athabasca, AB T9S 1A9
Phone: 780-675-9660 Fax: 1-780-609-0555
Email: admin@gnfoundation.ca

This information is being collected under the authority of the Protection of Privacy Act section 4(c) for the purpose of administering a housing program. Any questions or concerns regarding the use and/or handling of the information should be directed to the information coordinator at 780-675-9660.