

FOX MANOR INDEPENDENT LIVING ADMISSION APPLICATION

2350 Watkins Lake Road

Waterford, MI 48328

(248) 674-9590

Fax: (248) 618-6376 Attention: Robin McClintock

Email: rmcclintock@lourdes-sc.org

**PHYSICIAN'S PLAN OF CARE
FOR APPLICATION TO LOURDES SENIOR COMMUNITY**

To the Physician:

Please be specific and thorough when completing this report. This information is essential in determining proper placement and for expediting admission. The information is part of the medical record.

Applicant's Name: _____

Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

Physician's Fax Number: _____

Number of years as physician to this applicant: _____

Date of last examination: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Are medical conditions controlled by medication, diet, or other means?	YES	NO
---	-----	----

Is applicant able to properly take medication?	YES	NO
--	-----	----

Is applicant continent of bowel?	YES	NO
----------------------------------	-----	----

Is applicant continent of bladder?	YES	NO
------------------------------------	-----	----

Is the applicant qualified to self administer medications or treatments?	YES	NO
---	-----	----

PLEASE LIST ALL DIAGNOSES:

1. _____ 3. _____ 5. _____

2. _____ 4. _____ 6. _____

SURGERIES:

1. _____ Date _____

2. _____ Date _____

3. _____ Date _____

CURRENT MEDICATIONS:

1. _____ 4. _____ 7. _____

2. _____ 5. _____ 8. _____

3. _____ 6. _____ 9. _____

ALLERGIES (Medication & Food):

1. _____ 3. _____

2. _____ 4. _____

DIETARY ORDERS: _____

APPLICANT IS FREE OF COMMUNICABLE DISEASE

YES

NO

If no, what is the disease? _____

Does the applicant have the ability to care for self: dressing, bathing, ability to toilet, and take medications; or other treatments, such as oxygen, wound care, or chemotherapy?

YES NO If no, please explain why: _____

Is the resident appropriate to reside in Independent Living?

YES

NO

Any recommendations you have as guidance to the family and staff (please comment on what you think the resident needs or would benefit from to make their life here at Fox Manor more successful).

Physician's Signature

Date