

Linden Benevolent Society  
o/a Linden Lodge  
Box 150, 101 - 1<sup>st</sup> Street NE, Linden, Alberta T0M 1J0  
Telephone: 403-546-3136 Fax 403-546-3150

### Medical Examination Report

Applicant Name: \_\_\_\_\_ Examination Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Telephone No. \_\_\_\_\_

I hereby authorize any Physician, Medical Clinic, Home Care, Hospital or other person that has any records or knowledge of my health to provide full information to the Linden Benevolent Society for Seniors. The information gathered in this report is for the confidential use of the Society to determine applicant's eligibility/suitability for Lodge environment.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

Has the applicant been diagnosed with any of the following?

CONDITION	Degree of Impairment (Circle appro choice)	Details (Use note section at the end if more space is required.)
Memory Loss	None Mild Moderate Severe	
Wandering	None Mild Moderate Severe	
Confusion	None Mild Moderate Severe	
Aggressive/violent behavior	None Mild Moderate Severe	
Depression/suicidal tendencies	None Mild Moderate Severe	
Alcoholism/substance abuse	None Mild Moderate Severe	
Incontinence	None Mild Moderate Severe	
Cardiovascular Illness	None Mild Moderate Severe	
Respiratory Illness	None Mild Moderate Severe	
Liver Disease	None Mild Moderate Severe	
Epilepsy	None Mild Moderate Severe	
Diabetes	None Mild Moderate Severe	
Allergies	None Mild Moderate Severe	
Visual	None Mild Moderate Severe	
Hearing	None Mild Moderate Severe	
Mental Illness	None Mild Moderate Severe	
Eating Disorder	None Mild Moderate Severe	
Arthritis	None Mild Moderate Severe	
HIV Positive	Yes No	
Tuberculosis	Yes No	

Smoker?	Yes	No			
Bariatric Patient? If yes, please detail diet & medications	Yes	No			
Does the applicant have MRSA?	Yes	No			
Any behavior that could be disruptive in a communal living setting? (please describe)	Yes	No			
<b>Does Applicant Have or Require</b>	<b>Yes</b>	<b>No</b>	<b>Does Applicant Have or Require</b>	<b>Yes</b>	<b>No</b>
Hearing Aid			Artificial Limb/Prosthesis		
Pacemaker			Colostomy Bag		
Oxygen Therapy			Walking/Mobility Aid		
Urinary Bag			Wheelchair		
BiPap Machine					

Other aides to daily living:

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Does applicant need home care services? Yes / No What services are required?

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Other support services required:

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**FUNCTIONAL EVALUATION:**

Linden Lodge provides meals, housekeeping and 24 hour non-medical monitoring. Some Homecare services including personal care & medication assistance are also available. Personal laundry services are also available. Given this information, is the applicant able to:

	YES	NO
Administer his/her own medications		
Physically able to function in a group setting independently including dressing		
Safely ambulate to and from dining room and eat independently		
Maintain appropriate level of personal hygiene and grooming		
Mentally able to function in a group setting independently without assistance (reminders and prompting)		
Socially fit in with other seniors in a communal lodge environment		
Able to shower/bathe independently		

**DIET:**

\_\_\_ Regular \_\_\_ Low salt \_\_\_ Low fat \_\_\_ Diabetic

\_\_\_ Other (please explain): \_\_\_\_\_

**MEDICATIONS:**

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**ALLERGIES:**

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Is there any special care or accommodations required for the applicant?

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Any additional remarks that might be helpful in evaluating the application:

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Signature of Physician: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

After completion please return all three pages via fax to 403-546-3150, Attention: Christine Coggins, Site Manager or email to [lindenlodgeadmin@gmail.com](mailto:lindenlodgeadmin@gmail.com)