

# Chalmers Lodge

1450 West 12<sup>th</sup> Ave., Vancouver, B.C., V6H 1M9, Tel: 604-731-3178, Fax: 604-731-3140

## Health and Social Indicators Form

**Note:** Please ask your Doctor to complete this form and attach it to your application.

Applicant's Name: \_\_\_\_\_  
Last First (Mr/Mrs/Miss)  
Date of Birth: \_\_\_\_\_ Care Card No. \_\_\_\_\_  
Day Month Year  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

**Is the applicant:** .....

Able to administer own medication	_____	Incontinent of Bladder	_____
Mentally stable	_____	Incontinent of Bowel	_____
Friendly and outgoing	_____	Clean in personal habits	_____
Threat to herself	_____	Threat to others	_____
A smoker	_____	A Drinker	_____

**Does the applicant:** .....

Use a walking Aide	_____	Type of Aide	_____
Use a hearing Aide	_____	One or both ears	_____
Use Eye Glasses	_____	Uses Lenses	_____

**Is the applicant able to:** .....

Bath by self	_____	Dress by self	_____
Make own bed	_____	Groom by self	_____
Eat by self	_____	Ambulate by self	_____

**Please include additional information such as medical history, current diagnosis, medications, and treatments that will help the resident to enjoy life at the Lodge.**

(Attach additional notes if needed.)

Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

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