bethany
CREATING CARING COMMUNITIES

Self-Reported Medical Information Form
(to be completed by the applicant)

NAME: _____ **Date:** _____

Please provide answers to the following questions and add comments where ever possible:

Do you use mobility aids?			**Additional Comments**
	Wheelchair? □ Yes □ No	If yes (please circle): Electric Manual	
	Scooter? □ Yes □ No	If yes (please circle): Indoor? Outdoor?	
	Walker? □ Yes □ No	If yes (please circle): 2 wheeled? 4 wheeled?	
	Cane? □ Yes □ No	If yes (please circle): Single? Quad?	
Can you manage stairs?	□ Yes □ No		
Can you walk a city block?	□ Yes □ No		
Can you administer your own medications?	□ Yes □ No		
Can you dress yourself?	□ Yes □ No		
Can you maintain your own daily personal hygiene?	□ Yes □ No	If no, who assists you?	
Have you had any falls in the last year?	□ Yes □ No		

About your physical health:		**Additional Comments**
Allergies to food?	□ Yes □ No	If yes what foods:
Allergies to medication?	□ Yes □ No	If yes what medications:
Allergies to anything in the environment?	□ Yes □ No	If yes what items:
Hearing problems?	□ Yes □ No	If yes do you wear a hearing aid? □ Yes

This personal information is being collected under the authority of the Alberta Housing Act and Alberta Regulation 244/94 (Social Housing Accommodation Regulation) and will be used to evaluate the need and eligibility for subsidized senior citizen housing. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.

Updated: November 25, 2014

		□ No
Vision problems?	□ Yes □ No	If yes do you wear glasses? □ Yes □ No
Urine incontinence problems?	□ Yes □ No	If yes how do you manage this?
Diabetes?	□ Yes □ No	If yes do you take insulin? □ Yes □ No
Epilepsy?	□ Yes □ No	If yes how is it controlled?

Habits		**Additional Comments**
Do you smoke?	□ Yes □ No	If you have quit how long has it been?
Do you use oxygen?	□ Yes □ No	
Can you administer you own medications?	□ Yes □ No	
Do you receive any other support services? (Home Care, Social Worker, Meals on Wheels, Life Line, etc.)	□ Yes □ No	

Mental Health		**Additional Comments**
How would you describe your mood over the last 3 months?	□ Happy □ Upbeat and positive □ Unhappy and down □ Sad □ Lonely □ Shy □ Frustrated/Angry	How do you manage this condition (medication, support services)?
Have you been diagnose with any of the following?	□ Depression □ Anxiety □ Paranoia □ Schizophrenia □ Bipolar disorder □ Addiction to alcohol □ Addiction to drugs □ Attempted suicide	How do you manage this condition (medication, support services)?
Do you have any memory loss?	□ Yes	

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	□ No	
Do you have any difficulties with hoarding/collecting items?	□ Yes □ No	
Over the last 3 months has your emotion or physical health restricted your daily social activities with family, friends and or group settings?	□ No □ Occasionally □ Often	
Have you had any injury or serious illness within the last year?	□ Yes □ No	

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