



## Saint Joseph Living Center

14 Club Road

Windham, CT 06280

Phone # 860-456-1107 or Fax # 860-456-1695

### MEDICAL PROFILE

Medical information must be submitted as part of the completed application

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

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

\_\_\_\_\_ SS#: \_\_\_\_\_

**Diagnoses:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Operations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Diet:**

\_\_\_\_\_

**Allergies:**

\_\_\_\_\_

**Treatments (Specify equipment, i.e. Oxygen, CPAP, BiPAP, Wound)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications-dose-frequency:**

_____	_____
_____	_____
_____	_____
_____	_____

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Primary Care Physician (PCP) Name**

\_\_\_\_\_  
**PCP Signature**

\_\_\_\_\_  
**PCP Phone Number**

\_\_\_\_\_  
**Date**

<b>FUNCTIONAL STATUS:</b>					
<b>Walks with or without aids</b>	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Some Help	<input type="checkbox"/> Total Help	<input type="checkbox"/> Can Not	<input type="checkbox"/> Rehab Potential
<b>Transferring</b>	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Some Help	<input type="checkbox"/> Total Help	<input type="checkbox"/> Can Not	<input type="checkbox"/> Rehab Potential
<b>Wheeling</b>	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Some Help	<input type="checkbox"/> Total Help	<input type="checkbox"/> Rehab Potential	
<b>Eating/Feeding</b>	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Some Help	<input type="checkbox"/> Total Help	<input type="checkbox"/> Rehab Potential	
<b>Toileting</b>	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Some Help	<input type="checkbox"/> Total Help	<input type="checkbox"/> Rehab Potential	
<b>Bathing</b>	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Some Help	<input type="checkbox"/> Total Help	<input type="checkbox"/> Rehab Potential	
<b>Dressing</b>	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Some Help	<input type="checkbox"/> Total Help	<input type="checkbox"/> Rehab Potential	

<b>MENTAL STATUS:</b>				
<b>Alert</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Rehab Potential
<b>Impaired Judgment</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Rehab Potential
<b>Agitated (Nighttime)</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Rehab Potential
<b>Hallucinates</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Rehab Potential
<b>Severe Depression</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Rehab Potential
<b>Assaultive</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Rehab Potential
<b>Abusive</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Rehab Potential
<b>Restraint Order</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Rehab Potential
<b>Regressive Behavior</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Rehab Potential
<b>Wanders</b>	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always	<input type="checkbox"/> Rehab Potential
<b>Other (Specify):</b>				

<b>IMPAIRMENTS:</b>				
<b>Sight</b>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Total	<input type="checkbox"/> Rehab Potential
<b>Hearing</b>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Total	<input type="checkbox"/> Rehab Potential
<b>Speech</b>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Total	<input type="checkbox"/> Rehab Potential
<b>Communication</b>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Total	<input type="checkbox"/> Rehab Potential
<b>Other (Specify):</b>				