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)

_____
_____
_____

Additional Information:

_____
_____
_____

Other Required Documents:

- ☐ Current Medication List
- ☐ History & Physical (H&P) dated within the last 30 days
- ☐ Face sheet
- ☐ Nurses' notes, Psych notes, Consult notes (if applicable)

_____ _____
Primary Care Physician (PCP) Name **PCP Signature**

_____ _____
PCP Phone Number **Date**

FUNCTIONAL STATUS:					
Walks with or without aids	☐ Self-Care	☐ Some Help	☐ Total Help	☐ Can Not	☐ Rehab Potential
Transferring	☐ Self-Care	☐ Some Help	☐ Total Help	☐ Can Not	☐ Rehab Potential
Wheeling	☐ Self-Care	☐ Some Help	☐ Total Help	☐ Rehab Potential	
Eating/Feeding	☐ Self-Care	☐ Some Help	☐ Total Help	☐ Rehab Potential	
Toileting	☐ Self-Care	☐ Some Help	☐ Total Help	☐ Rehab Potential	
Bathing	☐ Self-Care	☐ Some Help	☐ Total Help	☐ Rehab Potential	
Dressing	☐ Self-Care	☐ Some Help	☐ Total Help	☐ Rehab Potential	

MENTAL STATUS:				
Alert	☐ Never	☐ Sometimes	☐ Always	☐ Rehab Potential
Impaired Judgment	☐ Never	☐ Sometimes	☐ Always	☐ Rehab Potential
Agitated (Nighttime)	☐ Never	☐ Sometimes	☐ Always	☐ Rehab Potential
Hallucinates	☐ Never	☐ Sometimes	☐ Always	☐ Rehab Potential
Severe Depression	☐ Never	☐ Sometimes	☐ Always	☐ Rehab Potential
Assaultive	☐ Never	☐ Sometimes	☐ Always	☐ Rehab Potential
Abusive	☐ Never	☐ Sometimes	☐ Always	☐ Rehab Potential
Restraint Order	☐ Never	☐ Sometimes	☐ Always	☐ Rehab Potential
Regressive Behavior	☐ Never	☐ Sometimes	☐ Always	☐ Rehab Potential
Wanders	☐ Never	☐ Sometimes	☐ Always	☐ Rehab Potential
Other (Specify):				

IMPAIRMENTS:				
Sight	☐ None	☐ Partial	☐ Total	☐ Rehab Potential
Hearing	☐ None	☐ Partial	☐ Total	☐ Rehab Potential
Speech	☐ None	☐ Partial	☐ Total	☐ Rehab Potential
Communication	☐ None	☐ Partial	☐ Total	☐ Rehab Potential
Other (Specify):				

Please note that additional clinical information may be requested after initial review.