

SWEDISH ASSISTED LIVING RESIDENCE  
7230 Halifax Street, Burnaby, BC

Medical Assessment for Residency  
(To be completed by physician)

Dear Physician:

\_\_\_\_\_ has applied for residency at the Swedish Assisted Living Residence. This is an Independent Living retirement community. Our service includes two meals per day, weekly housekeeping, emergency response and a full program of recreational activities. We are NOT a licensed care facility.

In order to ensure that we can provide an appropriate level of support for this applicant, your Assistance in completing this informational questionnaire is requested.

Client Name: \_\_\_\_\_

Please advise if client is able to direct his/her own care: YES \_\_\_\_\_ NO \_\_\_\_\_

Please advise if he/she is independent in performing each of the following six prescribed services as follows:

1.) Activities of Daily Living: YES \_\_\_\_\_ NO \_\_\_\_\_

2.) Their storage of medication, distribution of medication, administering medication or monitoring the takings of his/her medication. YES \_\_\_\_\_ NO \_\_\_\_\_

3.) Maintenance or management of their cash resources or property YES \_\_\_\_\_ NO \_\_\_\_\_

4.) Client is able to monitor food intake or therapeutic diet: YES \_\_\_\_\_ NO \_\_\_\_\_

5.) Structural behavior program: YES \_\_\_\_\_ NO \_\_\_\_\_

6.) Psychosocial rehabilitation or intensive physical rehabilitation if applicable: YES \_\_\_\_\_ NO \_\_\_\_\_

Physicians Name: \_\_\_\_\_

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

Physicians Signature \_\_\_\_\_