



# Medical Status Report

For Admission to a Long-Term  
Care Facility

Department of Seniors and Long-Term Care

To be completed by a qualified Medical/Nurse Practitioner for patients who are medically stable. For instructions please see reverse.

(Revised April 2022)

<b>APPLICANT NAME:</b>	<b>HCN:</b>
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<b>ACTIVE DIAGNOSES:</b> 1. 3. 5.	2. 4. 6.
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<b>MRSA Checked?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Result:</b>	<b>VRE Checked?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Result:</b>	<b>Other Infection Control Issues</b> <u>Please Specify:</u>
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**MEDICAL PROBLEMS**

If applicant in hospital, **ADMISSION DATE:** \_\_\_\_\_ **Name of Hospital:** \_\_\_\_\_  
YYYY / MM / DD

MEDICATION:(include Non-Prescription)	Dosage	Frequency	Route	MEDICATION:(include Non-Prescription)	Dosage	Frequency	Route

**OTHER SPECIFIC HEALTH MATTERS:**

<b>Drug/Food Allergies:</b>	
<b>Date of Pneumococcal Vaccine:</b> _____ <small>YYYY / MM / DD</small>	<b>Adequate Intake</b> <b>Fluid:</b> Yes    No <b>Caloric:</b> Yes    No
<b>Date of Influenza Vaccine:</b> _____ <small>YYYY / MM / DD</small>	<b>If on Anticoagulant Therapy, Frequency of INRs:</b>
<b>If recent surgery, Date of Surgery:</b> _____ <small>YYYY / MM / DD</small>	<b>Type of Surgery:</b>
<b>Type of Dressing &amp; How often to be changed?</b>	<b>If Code Status has been established, Please clarify:</b>

**Other Comments:** \_\_\_\_\_

Are you the patient's primary care provider? Yes  No       If No, Name of PCP: \_\_\_\_\_

Will primary care provider follow patient once admitted to LTC facility?  Yes     No     Not known

Yes, for specific area ONLY:

**Signature of Medical /Nurse Practitioner**    Print Name: \_\_\_\_\_    Phone: \_\_\_\_\_

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

**Specific Care Coordinator**    Name: \_\_\_\_\_    Fax: \_\_\_\_\_

## Medical Status Report for Admission to a Long Term Care Facility

- To be completed by the patient's attending qualified medical practitioner or nurse practitioner.
- Purpose of the Form:
  - The Medical Status Report complements the functional assessment form completed by a Care Coordinator, as part of an individual's admission to a long term care (LTC) facility. It is intended to provide medical information concerning a patient when admission to a LTC facility is being considered. In particular, this form allows the medical practitioner to communicate to the LTC facility that their patient is medically suitable for admission.
- Expires:
  1. The form **must not be** older than 90 days at LTC facility admission.
    - This form **is** required by LTC facilities prior to admission.
  2. Notwithstanding item 1, whenever there is a "significant change" in the applicant's condition prior to LTC facility admission, the Medical Status Report must be updated by the attending medical practitioner or nurse practitioner.
    - A "significant change" in the applicant's condition is one which will impact the care plan for the applicant.
  3. Updating Forms:
    - If an applicant's *Medical Status Report* requires update as per items 1 or 2, it is to be forwarded to the Continuing Care Intake Office that coincides with your area. The Continuing Care Staff shall ensure that the updated form is reviewed by the appropriate personnel.

**Send Completed/Updated Medical Status Reports to the Continuing Care Office in your area or if specified below, directly to the Care Coordinator:**

<b>County</b>	<b>Office</b>	<b>County</b>	<b>Office</b>
Lunenburg	Intake Office, Continuing Care	Antigonish	Intake office, Continuing Care
Queens	Yarmouth Regional Hospital	Guysborough	Suite LL02, Health Park15
Digby	c/o Nurses Residence	Inverness	45 Weatherbee Road
Shelburne	58 Vancouver Street	Richmond	Sydney, NS B1P5L1
Yarmouth	Yarmouth, NS B5A 2P5	Industrial Cape Breton	Fax:1-902-563-3433
Annapolis			Tel: 1-902-487-0298
Kings	Fax:1-902-749-2253/1-866-246-4554	Victoria	1-800-225-7225
	Tel: 1-902-487-0297/1-800-225-7225		

<b>County</b>	<b>Office</b>	<b>County</b>	<b>Office</b>
Colchester	Intake Office, Continuing Care	Halifax	Intake Office, Continuing Care
Cumberland	797 Prince Street		3825 Joseph Howe Drive
Pictou	Truro, NS B2N 1G7		Halifax, NS B3L 4R6
East Hants	Fax:1-866-682-8170		Fax:1-902-455-3809
Truro	Tel: 1-902-487-0296/1-800-225-7225		Tel: 1-902-487-0607/1-800-225-7225