



Health

Medical Status Report for Admission to a Long Term Care Facility

To be completed by Attending Physician for patients who are medically stable. For instructions please see reverse.

Please Print

APPLICANT NAME: _____ HCN: _____

ACTIVE DIAGNOSES:
1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

MRSA Checked? YES NO VRE Checked? YES NO Other Infection Control Issues, Please Specify:
Result: _____

MEDICAL PROBLEMS:

If Applicant is in Hospital, Admission Date: Date: _____ Name of Hospital: _____

Table with 8 columns: Medication (Including Non-Prescription), Dosage, Frequency, Route, Medication (Including Non-Prescription), Dosage, Frequency, Route

OTHER SPECIFIC HEALTH MATTERS:
Drug/Food Allergies: _____
Date of Pneumococcal Vaccine: _____ Date: _____
Date of Influenza Vaccine: _____ Date: _____
If had Recent Surgery, Date of Surgery: _____ Date: _____
Type of Dressing & How Often to be Changed?: _____
Adequate Intake: _____ Fluid _____ Caloric _____
If on Anticoagulant Therapy, Frequency of INRs: _____
Type of Surgery: _____
If Code Status has been Established, Please Clarify: _____

Other Comments: _____

Are you the Patient's Family Physician? YES NO If No, Name of Family Physician: _____
Will Family Physician Follow Patient once Admitted to a LTC Facility? YES NO NOT KNOWN YES, For Specific Area Only: _____

SIGNATURE OF PHYSICIAN: Print Name: _____ Signature: _____ Phone: _____ Date: _____

Medical Status Report For Admission To A Long Term Care Facility

- To be completed by the patient's attending physician.
- 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 physician to communicate to the LTC facility that their patient is medically suitable for admission.
- Expires:
 1. The form must not be older than 30 days when received by the Classifications Officers.
 - The form **may be** required by Classification Officers in determining the applicant's eligibility for LTC facility care.
 2. The form must not be older than 90 days at LTC facility admission.
 - This form **is** required by LTC facilities prior to admission.
 3. Notwithstanding items 1 and 2, 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 physician.
 - A "significant change" in the applicant's condition is one which will impact the care plan for the applicant.
- Updating Forms:
 - If an applicants *Medical Status Report* requires update as per items 1, 2 or 3, it is to be forwarded to the Continuing Care Office in your area. The Continuing Care Staff shall ensure that the updated form is reviewed by the appropriate authority.

Send Completed/Updated Medical Status Reports to the Continuing Care Office in your Area. If a name is specified below, please send to the Care Coordinator directly:

County	Office	County	Office
Lunenburg	Intake Office, Continuing Care	Antigonish	Placement Coordinator
Queens	Yarmouth Regional Hospital	Guysborough	Suite 15, 360 Prince Street
Digby	c/o Nurses Residence	Inverness	Sydney, N.S. B1P 5L1
Shelburne	58 Vancouver Street	Richmond	Fax: 563-3707 Tel: 563-5749
Yarmouth	Yarmouth, N.S., B5A 2P5	Cape Breton	
Annapolis	Fax: 742-0686 Tel: 742-0629	Victoria	
Kings			
Colchester	Intake Office, Continuing Care	Halifax	Intake Office, Continuing Care
Hants (East)	797 Prince Street	Hants (West)	Capital District Health Authority
	Truro, N.S., B2N 1G7		3825 Joseph Howe Drive
	Fax: 1-866-682-8170		Halifax, N.S., B3L 4R6
	Tel: 1-800-227-7532		Fax: 455-3809 Tel: 1-800-225-7225
Cumberland	Intake Office, Continuing Care	Pictou	Intake Office, Continuing Care
	71 Victoria Street		Suite 226 Aberdeen Business Centre
	Amherst, N.S., B4H 1X7		610 East River Road,
	Fax: 667-6246 Tel: 661-2014		New Glasgow, NS B2H 3S2
			Fax: 928-2015 ; Tel:928-3670

**Specific
Care
Coordinator**

Name: _____
Fax: _____