

Annexure (a)

CONFIDENTIAL MEDICAL EVALUATION REPORT

_____ (name of Village) is a retirement housing scheme for persons over the age of 50 years and is not an Old Age Home. Occupiers in the above housing scheme are required to be able to function independently as long as possible. It is necessary to determine if the prospective occupiers is able to comply with the requirement that he/she is able to remain physically, mentally independent as long as possible. The care and support infrastructure in the Village functions mainly at primary care level. Your judgment as medical doctor will be crucial in deciding if the prospective occupier may be admitted. In completing the form please give attention to the following:

- History of pathological illnesses.
- Treatable or non-treatable health conditions.
- Ability to function independently.

Name of prospective occupier: _____

Age: _____

Identity No: _____

MEDICAL HISTORY

ASSESSMENT SCALE:

Good - 1	Reasonable - 2	Weak - 3	- Please fill in the blocks
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1. Overall Health Status:
2. Functional status (the ability to function dependently and able to care for his or herself):
- 2.1 Mobility:
- Walk
 - Climb stairs
 - Out of bed/able to sit on chair and

2.2 Activities of daily living:

- Dress
- Eat
- Bath/Shower
- Use of toilet
- Bladder control/colon control

2.3 Communication:

- Talk
- Write
- Read

2.4 Household activities:

- Make up bed
- Able to prepare meals
- Cleaning

2.5 Other (indicate below):

- _____
- _____
- _____

3. Mental state (ability to reason, remember comprehend)

Additional information as motivation:

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4. Physical disability:

- Hear
- Vision
- Use of aids:
 - Wheelchair
 - Walking stick

○ Tripod

5. To your opinion are there any symptoms that may indicate that the patient may in the foreseeable future may require care giving:

Y	N
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If yes, please give briefly the reasons:

6. Summary of serious illnesses/operations, hospitalization, pathologies of the patient over the past 24 months:

Name of Medical Practitioner: _____

Practice No: _____

Address : _____

Contact Details: (Work): _____

(Cell): _____

(E-mail): _____

SIGNATURE: _____ DATE: _____