MAURICE ZEFFERT
Trusted Jewish Aged Care

Keren Or
Carl and Sadie Cohen Hostel
David, Gita and Michael Hoffman Nursing Home
Sir Zelman and Lady Cowen Retirement Village

119 Cresswell Road, Dianella Western Australia 6059
Ph: (08) 9375 4600 | Fax: (08) 9276 1250
Email info@mzh.org.au | Website mzh.org.au
ABN: 43 422 387 456

MEDICAL EVALUATION FORM

TO BE COMPLETED BY MEDICAL PHYSICIAN

APPLICANT'S SURNAME: FIRST NAMES:

CURRENT ADDRESS:

PHONE: DATE OF BIRTH:

NAME AND ADDRESS OF DOCTOR COMPLETING FORM:

PHONE: LENGTH OF TIME HE/SHE HAS BEEN A PATIENT:

REASON FOR SEEKING ADMISSION:

MAJOR CURRENT MEDICAL PROBLEMS:

MAJOR OTHER DIAGNOSED PROBLEMS:

HOSPITALISATION:

HOSPITAL: CONSULTANT:

CONDITION TREATED: DATE:

1.

2.

3.

IS APPLICANT CURRENTLY ATTENDING OUTPATIENTS CLINICS OR SPECIALISTS? ☐ YES ☐ NO

IF YES, WHICH ONES?

HAS APPLICANT BEEN ASSESSED BY AN AGED CARE ASSESSMENT TEAM (ACAT)? ☐ YES ☐ NO

IF YES, WHICH ONES?

(Please attach photocopies of Discharge Summaries/ Letters/Assessments)

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MEDICAL EVALUATION FORM

SYSTEMS REVIEW PLEASE PROVIDE DIAGNOSIS AND BRIEF SUMMARIES OF HISTORY

RESPIRATORY

RELEVANT DETAILS:

DATE OF LAST CHEST X-RAY AND FINDINGS:

PAST SMOKER: ☐ YES ☐ NO STILL SMOKES: ☐ YES ☐ NO HISTORY OF TB: ☐ YES ☐ NO

PNEUMOCOCCAL VACCINE GIVEN: ☐ YES ☐ NO YEAR:

FLUVAX GIVEN: ☐ YES ☐ NO DATE:

CARDIOVASCULAR

RELEVANT DETAILS:

PULSE: B.P.: ANY POSTURAL CHANGE:

PERIPHERAL PULSES:

E.C.G.

PACEMAKER ☐ YES ☐ NO IF YES, BEING MONITORED BY:

GASTROINTESTINAL

RELEVANT DETAILS:

APERIENT USAGE: FAECAL INCONTINENCE ☐ YES ☐ NO

DENTITION:

ENDOCRINE

RELEVANT DETAILS:

HAEMOPOIETIC

RELEVANT DETAILS:

SKIN

RELEVANT DETAILS: