

# MEDICAL EVALUATION FORM

## SYSTEMS REVIEW PLEASE PROVIDE DIAGNOSIS AND BRIEF SUMMARIES OF HISTORY

### GENITOURINARY

RELEVANT DETAILS:

---



---

INCONTINENCE  YES  NO

CAUSE, IF KNOWN:

### MUSCULOSKELETAL

RELEVANT DETAILS:

---



---

### NEUROLOGICAL

RELEVANT DETAILS:

---



---

HAS APPLICANT SUFFERED STROKE(S)?  YES  NO

DETAILS (COPY OF CT REPORT WOULD BE HELPFUL):

---



---

DESCRIBE DEGREE OF DISABILITY:

---



---

DOES APPLICANT SUFFER FROM HEADACHES/FITS/FALLS/DIZZINESS/VERTIGO?  YES  NO

DETAILS:

### VISION

RELEVANT HISTORY/ DIAGNOSIS:

---



---

OPHTHALMOLOGIST/OPTOMETRIST NAME:

DATE LAST SEEN (APPROX):

SPECTACLES  YES  NO

### HEARING

RELEVANT HISTORY/ DIAGNOSIS:

---



---

ENT SPECIALIST/AUDIOLOGIST NAME:

DATE LAST SEEN (APPROX):

HEARING AID  YES  NO

---



---



**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

## MENTAL STATE AND PSYCHIATRIC HISTORY

PAST HISTORY OF PSYCHIATRIC ILLNESS?  YES  NO

DETAILS:

IS APPLICANT FULLY ALERT AND WELL ORIENTED?  YES  NO

POSSIBLE OR DEFINITE DEMENTIA PRESENT?  YES  NO

LIKELY CAUSE OF DEMENTIA: ALZHEIMER TYPE/MULTI-INFARCT/ OTHER:

(SPECIFY):

DATE MEMORY/INTELLECTUAL DECLINE FIRST NOTED:

BEHAVIOURAL PROBLEMS OR WANDERING?  YES  NO

DETAILS:

DEMENTIA INVESTIGATED?  YES  NO

DETAILS (PLEASE INCLUDE CT AND OTHER INVESTIGATIONS AND RESULTS):

## CURRENT MEDICATIONS

DRUG SENSITIVITY/ADVERSE DRUG REACTIONS:

## OTHER RECENT OR RELEVANT INVESTIGATIONS AND REPORTS

PHOTOCOPIES OF KEY RESULTS AND REPORTS WOULD BE APPRECIATED

OTHER DETAILS ABOUT THE APPLICANT'S CONDITION WHICH YOU CONSIDER IMPORTANT (INCLUDE INFECTIONS WITH HIGH RISK OF TRANSMISSION IN THE HEALTH CARE SETTING)

SIGNED:

DATED: