

Eisenberg Assisted Living Residence

631 Salisbury Street

Worcester, MA 01609

Telephone # 508-757-0981

Fax # 508-757-7080

PHYSICIAN'S MEDICAL REPORT

Applicant (Mr. Ms. Mrs. Miss) _____ DOB _____

Address of applicant _____

Physician _____

Physician's Address _____

Physician's phone # _____ Fax # _____

Medical Diagnosis: Primary _____

Secondary _____

Psychiatric _____

History of psychosocial issues _____

Disruptive behaviors _____

Any behaviors which may present a risk to the health and safety of the applicant or others _____

Psychiatrist (if applicable) _____

Clinical Findings

Date _____

Blood Pressure _____ Pulse _____ Temperature _____

Height _____ Weight _____

Urinalysis _____

Skin Condition _____

Chest x-ray _____ Date _____ Mantoux _____ Date _____

Is the applicant continent? Bowels: Yes ___ No ___ Bladder: Yes ___ No ___

Surgical History _____

Recent Hospitalization

Reason _____ Date _____

Significant Laboratory Findings _____ Date _____

Allergies _____

Menu Selection

_____ Regular (Kosher) _____ No added salt _____ No concentrated Sweets _____ Low Fat

Any nutritional problems? _____ Swallowing Problems? _____