



**St. MARTIN'S  
IN THE PINES**

4949 Montevallo Road • Birmingham, AL • 35210 • (205) 956-9440 • Fax (205) 263-2747

**INDEPENDENT LIVING RETIREMENT APARTMENTS**

**PHYSICIAN'S REPORT FOR POTENTIAL RESIDENT**

Date of Examination: \_\_\_\_\_ # Years as Primary Physician: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  M  F

Birth Date: \_\_\_\_\_ Wt. \_\_\_\_\_ Ht. \_\_\_\_\_ Temp \_\_\_\_\_ HR \_\_\_\_\_ BP \_\_\_\_\_

**HISTORY AND PHYSICAL**

Major Surgical History:

\_\_\_\_\_  
\_\_\_\_\_

History of Serious Illness:

\_\_\_\_\_  
\_\_\_\_\_

Current Medical Diagnosis/Problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REVIEW OF SYSTEMS:**

Eyes: No Abnormality\_\_\_\_ Positive findings\_\_\_\_\_

ENT: No Abnormality\_\_\_\_ Positive findings\_\_\_\_\_

CV: No Abnormality\_\_\_\_ Positive findings\_\_\_\_\_

Resp: No Abnormality\_\_\_\_ Positive findings\_\_\_\_\_

GI: No Abnormality\_\_\_\_ Positive findings\_\_\_\_\_

GU: No Abnormality\_\_\_\_ Positive findings\_\_\_\_\_

Musculoskeletal: No Abnormality\_\_\_\_ Positive findings\_\_\_\_\_

Integumentary: No Abnormality\_\_\_\_ Positive findings\_\_\_\_\_

Endocrine: No Abnormality\_\_\_\_ Positive findings\_\_\_\_\_

Hematological: No Abnormality\_\_\_\_ Positive findings\_\_\_\_\_

Immunologic: No Abnormality\_\_\_\_ Positive findings\_\_\_\_\_

Neurological: No Abnormality\_\_\_\_ Positive findings\_\_\_\_\_

Psychiatric: No Abnormality\_\_\_\_ Positive findings\_\_\_\_\_

### DETAILED NEUROLOGICAL / PSYCHIATRIC

Mental Status: Alert\_\_\_\_ Well Oriented\_\_\_\_ Slightly Confused\_\_\_\_ Very Confused\_\_\_\_

Orientation: To Person\_\_\_\_ To Place\_\_\_\_ To Time\_\_\_\_ To Situation\_\_\_\_

Generally Oriented, with Occasional Confusion \_\_\_\_\_

MMSE score, if available: \_\_\_\_\_ Year Test Given \_\_\_\_\_

Mood and Affect: \_\_\_\_\_

Appearance: \_\_\_\_\_

Dressed Appropriately \_\_\_\_\_ Hygiene Adequate \_\_\_\_\_

Based on present mental status, is patient appropriate for Independent Living? Yes No

### BASIC FALL RISK ASSESSMENT

History of falls? Yes No Gait deficit? Yes No Balance deficit? Yes No

Uses assistive device? Yes No If yes, What device? \_\_\_\_\_

Visual deficit? Yes No Arthritis? Yes No Cognitive Impairment? Yes No

Any impairment in ability to perform ADLs? Yes No If yes, please explain briefly: \_\_\_\_\_

Based on fall risk assessment, is patient appropriate for Independent Living? Yes No

Would patient benefit from PT or OT Services at this time? Yes No

**CURRENT MEDICATIONS**

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Is patient capable of self-administering medications? Yes No

Would patient benefit from a medication reminder program? Yes No

Allergies (Please include here if patient allergic to insect stings, latex, etc.): \_\_\_\_\_

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Immunizations: Pneumonia? Yes No Year:\_\_\_\_\_ Flu? Yes No Year:\_\_\_\_\_

Drug/alcohol Use? Yes No Tobacco Use? Yes No PPD? Yes No

Based on current examination and data, it is my professional opinion that this patient is appropriate for residence at an Independent Living Facility. Yes No

If no, please indicate Level of Care patient is appropriate for at this time:

Assisted Living\_\_\_\_\_ Skilled Nursing\_\_\_\_\_ Dementia Care Unit\_\_\_\_\_ Other?\_\_\_\_\_

**I have determined there is no disease or condition present that would impair the health or comfort of other residents of St. Martin’s Independent Living Apartments and, in my opinion, the applicant is able to live independently.**

\_\_\_\_\_  
Physician’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician’s Name (print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**MAIL OR FAX TO:**  
ADMINISTRATOR  
ST. MARTIN’S APARTMENTS  
4949 MONTEVALLO ROAD  
BIRMINGHAM, ALABAMA 35210

(205) 956-9440