



**St. Martin's in the Pines
Assisted Living & Specialty Care
Assisted Living**

The following 3 page form must be completed in its entirety and signed by the attending physician. This form must be completed in full for all new admissions, annual exams and re-admissions from the hospital. Failure to complete in full may result in a delay of admission for new residents or discharge for current residents.

Please call 314-4138 if you have any questions regarding this form.

Fax to 951-1549 or 951-1550.



CLINICAL HISTORY, PHYSICAL EXAMINATION & PLAN OF CARE

ASSISTED LIVING & SPECIALTY CARE ASSISTED LIVING RESIDENTS

Have there ever been any signs of depression? Yes No

If yes, describe treatment and current condition:

Continence: (Check)

- Continent of Bowel Occasionally incontinent Often incontinent
 Continent of Bladder Occasionally incontinent Often incontinent

This individual requires the following personal care and services:

- Yes No Assistance with grooming (shaving, oral hygiene)
 Yes No Assistance with bathing
 Yes No Assistance with transferring to and from restroom
 Yes No Assistance with getting in and out of bed
 Yes No Assistance with dressing
- Resident DOES have the ability to self-administer all medications
 Resident DOES NOT have the ability to self-administer all medications. Therefore, the facility will administer all medications.
- Yes No Resident is at risk for falls.
 Yes No Resident is at risk for elopements.
 Yes No Resident has had uncontrolled behaviors within the last 6 months.
 Yes No Resident has experienced weight loss within the last 6 months.

Other special needs:

Diet: (must be one of the following, no other diets are offered):

- Regular No added salt No concentrated sweets

Date of most recent pneumococcal vaccine _____ unknown

Date of most recent influenza vaccine _____ unknown

Routine Standing Orders:

Yes	No	
_____	_____	PPD yearly
_____	_____	Flu vaccine yearly
_____	_____	May see podiatrist as needed

Other Orders (Physical Therapy, Home Health)

