



19116 Colonnade Way  
Surprise, AZ 85374  
(623) 236-3770

## PHYSICIANS CONFIDENTIAL REPORT

**To be completed, signed and sent to the Marketing Office at FAX: 623-236-3719**

I am applying for residency at **The Colonnade**, and hereby authorize the release of my medical records to **The Colonnade** for review.

Signature \_\_\_\_\_ Date

Name of Applicant:

Age:

Address:

Street:

City:

State:

Zip:

How long have you known the applicant:

Date of birth: Month:

Day:

Year:

Height:

Weight:

General Physical Condition:

Current illness or disability:

Chronic illness or disability:

**Medication or treatment patient is now receiving:**



Prognosis of illness or disability:

Prostheses now used by patient (including dentures, glasses, hearing aids, trusses, braces, artificial limbs, walking aids, etc.):

## PAST MEDICAL HISTORY

Diseases (including allergies, nervous and mental disorders):

Accidents (type and date of each):

Operations (type and date of each):

## Physical Examination at Time of Application

**Is there any evidence of dementia:**

Is there any evidence of need of immediate nursing care:

General mental condition and emotional status:

Temperature:

Pulse:

Respiration:





*Physical Examination at Time of Application: (CONTINUED)*

Recent laboratory, X-ray, Electrocardiographic or similar reports:

TB Skin Test:

Had Flu Vaccine:

Do you know of any unlisted physical disabilities:

Elaboration of history and findings when indicated:

To what extent does the applicant use alcoholic beverages, mood altering or nonprescription medications:



*Physical Examination at Time of Application: (CONTINUED)*

Has the patient ever been hospitalized or institutionalized for drug or alcohol rehabilitation:

Do you know of any reason why the applicant would not qualify as a congenial participant in the normal activities of family life at The Colonnade :

**Can this applicant live independently?**

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Date of Examination:

Signature of Physician: \_\_\_\_\_

Name of Physician:

Phone #:

FAX #:

Address:

Street:

City:

State:

Zip:

Thank you for your prompt response.

**Upon completion of this report, please FAX to (623) 236-3719.**

Please forward the original, signed report to:  
Marketing Office at The Colonnade  
19116 Colonnade Way  
Surprise, AZ 85374