



LA LOMA VILLAGE

A Non-Profit Sun Health Senior Living Community

**14154 Denny Boulevard
Litchfield Park, AZ 85340
(623) 537-7500**

PHYSICIANS CONFIDENTIAL REPORT

To be completed, signed and sent to the Marketing Office at FAX: 623-537-7520

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

Signature _____ Date

Name of Applicant:

Age:

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)

Blood Pressure:

Systolic:

Diastolic:

Systemic Review:

Head (including EENT):

Neck:

Chest:

Cardiovascular:

Abdomen:

Genitourinary:

Skin:

Bones and Joints:

Glandular:

Neuromuscular:

Any indication of malignant or contagious disease:



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?

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 **La Loma Village**?



Physical Examination at Time of Application: (CONTINUED)

Can this applicant live independently?

Date of Examination:

Signature of Physician: _____

Name of Physician:

Phone #:

FAX #:

Address:

City:

State:

Zip:

Thank you for your prompt response.

Upon completion of this report, please FAX to (623) 537-7520.

Please forward the original, signed report to:
Executive Director at **La Loma Village**
14154 Denny Boulevard
Litchfield Park, AZ 85340