



CONFIDENTIAL MEDICAL REPORT
Smoky Lake Foundation
Independent Supportive Living Apartments – Self-Contained

Applicant Legal Name: _____

Other Names Known By: _____

Date of Birth: _____
Month/Day/Year

Applicant Current Address: _____

Physician (Please Print): _____

Address: _____

Note: Our accommodation does not provide physical or medical assistance to residents. Personal care is available through AHS Homecare only.

PHYSICAL EXAMINATION (This certificate is valid for six months)

Sight: Good _____ Impaired: _____

Hearing: Good _____ Impaired: _____

Mobility: Mobility without help _____

Mobility with Equipment _____

Is there a communication difficulty? _____ Yes _____ No

If yes explain: _____

Medical diagnosis affecting independent living: _____

Is there any substance/alcohol history or abuse affecting independent living? Yes No

If yes, please explain: _____

The applicant will be responsible for cooking meals on their own as these suites have **full kitchens**. Do you consider this applicant to be suitable to enter into an independent supportive living apartment where no special care, nursing care, or special diets are provided: Yes No

Doctor's Signature

Date

Address

Phone Number

Bar-V-Nook Manor, Betty Elson
4504-52 Avenue, P.O. Box 179
Smoky Lake, AB T0A 3C0
PH: (780)656- 4217 ext 3
Fax: (780)656-4277

Vilna Lodge, Heidi Kugler-Kane
5404-50 Street, P.O.Box 130
Vilna, AB T0A 3L0
PH: (780)636-3545
Fax: (780)636-3555