



Health and Wellness

**Medical Status Report
For Admission to a
Long Term Care Facility**

To be completed by Attending Physician for patients who are medically stable.
For instructions please see reverse.
(Revised October 2018)

APPLICANT NAME:	HCN:
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ACTIVE DIAGNOSES: 1. 3. 5.	2. 4. 6.
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MRSA Checked? Yes No Result:	VRE Checked? Yes No Result:	Other Infection Control Issues <u>Please Specify:</u>
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MEDICAL PROBLEMS

If applicant in hospital, **ADMISSION DATE:** _____ **Name of Hospital:** _____
YYYY / MM / DD

MEDICATION:(include Non-Prescription)	Dosage	Frequency	Route	MEDICATION:(include Non-Prescription)	Dosage	Frequency	Route

OTHER SPECIFIC HEALTH MATTERS:

Drug/Food Allergies:	
Date of Pneumococcal Vaccine: <small>YYYY / MM / DD</small>	Adequate Intake Fluid: Yes No Caloric: Yes No
Date of Influenza Vaccine: <small>YYYY / MM / DD</small>	If on Anticoagulant Therapy, Frequency of INRs:
If recent surgery, Date of Surgery: <small>YYYY / MM / DD</small>	Type of Surgery:
Type of Dressing & How often to be changed?	If Code Status has been established, Please clarify:

Other Comments:

Are you the patient's family physician? Yes No If No, Name of family physician: _____
 Will family physician follow patient once admitted to LTC facility? Yes No Not Known
 Yes, for specific area ONLY: _____

Signature of Physician Print Name: _____ Phone: _____
 Signature: _____ Date: _____
Specific Care Coordinator Name: _____ Fax: _____

Medical Status Report for Admission to a Long Term Care Facility

- To be completed by the patient's attending physician.
- Purpose of the Form:
 - The Medical Status Report complements the functional assessment form completed by a Care Coordinator, as part of an individual's admission to a long term care (LTC) facility. It is intended to provide medical information concerning a patient when admission to a LTC facility is being considered. In particular, this form allows the physician to communicate to the LTC facility that their patient is medically suitable for admission.
- Expires:
 1. The form **must not be** older than 90 days at LTC facility admission.
 - This form **is** required by LTC facilities prior to admission.
 2. Notwithstanding item 1, whenever there is a "significant change" in the applicant's condition prior to LTC facility admission, the Medical Status Report must be updated by the attending physician.
 - A "significant change" in the applicant's condition is one which will impact the care plan for the applicant.
- Updating Forms:
 - If an applicant's *Medical Status Report* requires update as per items 1 or 2, it is to be forwarded to the Continuing Care Intake Office that coincides with your area. The Continuing Care Staff shall ensure that the updated form is reviewed by the appropriate personnel.

Send Completed/Updated Medical Status Reports to the Continuing Care Office in your area or if specified below, directly to the Care Coordinator:

County	Office	County	Office
Lunenburg	Intake Office, Continuing Care	Antigonish	Intake office, Continuing Care
Queens	Yarmouth Regional Hospital	Guysborough	Suite LL02, Health Park15
Digby	c/o Nurses Residence	Inverness	45 Weatherbee Road
Shelburne	58 Vancouver Street	Richmond	Sydney, NS B1P5L1
Yarmouth	Yarmouth, NS B5A 2P5	Industrial Cape Breton	Fax:1-902-563-3433
3695/			Tel: 1-902-487-0298
Annapolis	Fax:1-902-742-0686/1-866-246-4554	Victoria	1-800-225-7225
Kings	Tel: 1-902-487-0297//1-800-225-7225		

County	Office	County	Office
Colchester	Intake Office, Continuing Care	Halifax	Intake Office, Continuing Care
Cumberland	797 Prince Street		3825 Joseph Howe Drive
Pictou	Truro, NS B2N 1G7		Halifax, NS B3L 4R6
East Hants	Fax:1-866-682-8170		Fax:1-902-455-3809/455-3720
Truro	Tel: 1-902-487-0296/1-800-225-7225		Tel: 1-902-487-0607/1-800-225-7225