DOUGHERTY APARTMENTS
1 Victor Street, Chatswood 2067
Telephone: 9419 3000 Fax: 9419 7164

THIS FORM IS TO BE COMPLETED BY THE RESIDENT'S MEDICAL PRACTITIONER AND RETURNED TO THE GENERAL MANAGER

PRE-ADMISSION MEDICAL HISTORY

Surname:……………………………..Given Names:…………………………………………...

Sex: ☐ Male ☐ Female Date of Birth:………

Doctor:……………………………… Telephone Number:………………………………………..

Address:………………………………………………………………………………………….

Medicare No:…………………………………… Pension No:…………………………………….

History of Medical Problems:……………………………………………………………………

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Allergies:…………………………………………………………………………………………

MEDICAL AILMENTS:

☐ Stroke/TIA
☐ Hypertension
☐ Angina/Myocardial Infarct
☐ Diabetes
☐ COAD/Bronchitis
☐ Thyroid Disease
☐ Foot Problems
☐ Vision
☐ Hearing
☐ Seizures
☐ Falls
☐ Faints
☐ Sleep Disturbances
☐ Weight Loss
☐ Past Surgery
☐ Memory Loss
☐ Confusion
☐ Other Medical Problems

Comments:…………………………………………………………………………………………

…………………………………………………………………………………………………

PRESENT TREATMENTS:

Dressings:……………………………………………… Diet:……………………………...

Injections:……………………………………………… Care Services:………………………

PRESENT MEDICATIONS:………………………………………………………………………….

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REHABILITATION:

PRESENT PROGRAM

Physiotherapy:……………………………………….. Mobilisation:…………………………………

Socialisation:……………………………………… Other:………………………………………...

EXPECTED SHORT TERM FUTURE REQUIREMENTS

Physiotherapy:………………………………………. Mobilisation:………………………………….

Socialisation:……………………………………… Other:………………………………………

ASSESSMENT OF ACTIVITIES OF DAILY LIVING:

MOBILITY: ☐Good ☐Fair ☐Poor Aids Used:……………………………………

STATE OF INDEPENDENCE:

Prepare Meals	☐YES	☐NO	Manage Ramps	☐YES	☐NO
Launder	☐YES	☐NO	Shop	☐YES	☐NO
Dress	☐YES	☐NO	Shower	☐YES	☐NO
Use Public Transport	☐YES	☐NO	Manager Stairs	☐YES	☐NO

PROBLEMS REGARDING

Skin:…………………………………………………………………………………………

Urine/Bowel:……………………………………………………………………………..

Respiratory:………………………………………………………………………………

Psychological:…………………………………………………………………………..

COGNITIVE ASSESSMENT

Length of time known to Medical Officer:………………….

Investigations pending or recommended:…………………………………………………...

Reason for seeking admission:……………………………………………………………...

Any other comments:……………………………………………………………………….

………………………………………………………………………………………………

Signature of Medical Officer:……………………………………… Date:…………………………..