



Medical Information Document

Coalition provides housing to seniors who can live independently, without the need for daily professional care. Each applicant must have a physician or nurse practitioner complete this confidential form to confirm their eligibility.

Name of Physician or Nurse Practitioner		
Physician/Nurse Phone Number		
Physician/Nurse Email		

This form is being completed for:

Name		
Date of Birth		

Activities of Daily Living

What level of independence does the client demonstrate in completing the following tasks?

Activity	Completely Independent	Independent with mild support	Independent with moderate to intense support	Completely Dependent
Bathing				
Toileting				
Oral Care				
Grooming				
Dressing				
Medications				
Eating				
Food Preparation				
Transferring				
Mobility				
Transportation				

Communication				
Housekeeping				
Laundry				
Shopping				
Financial Matters				

Other Comments / Information required to determine if an apartment at COALITION is suitable for this applicant:

1. Is this individual independently mobile (including with the use of mechanical aids)?

Yes

No

Comments

2. What level of assistance* does this individual require with activities of daily living, such as taking medication, grooming, eating, personal care:

None (this individual is completely independent)

Level 3 (this individual requires moderate nursing or other professional support)

Level 1 (this individual requires minimal non-professional assistance)

Level 4 (this individual requires considerable nursing and other professional support)

Level 2 (this individual requires moderate non-professional assistance and/or limited nursing care)

Level 5 (this individual requires 24hr nursing services and medical supervision)

Please elaborate if response is Level 1 through 5:

3. Does this individual have any type of dementia that will worsen over time, thereby affecting his/her ability to live independently?

Yes

No

Comments

Signature of Physician or Nurse Practitioner

Date