HYTHE
PIONEER HOMES

Hythe and District Pioneer Homes

Box 388 10404 - 100 St, Hythe, AB, T0H 2C0
Telephone: (780) 356-3077, Fax: (780) 356-3938

Confidential Home Care Report Of Applicant Seeking Admission Into Senior Housing

To Home Care:

Please complete and return directly to:
Hythe and District Pioneer Homes
Box 388, 10404 – 100 St
Hythe, AB T0G 2C0
Ph: (780) 356-3077, Fax: (780) 356-3938

The information on this medical is being collected under the authority of M.O. H:091/94 under the Alberta Housing Act. The Hythe and Pioneer Homes Board will use this information to verify and assess housing services required by the applicant. The information is protected from public disclosure by sections 38, 40 and 41 of the Freedom of Information and Protection of Privacy Act.

Name of Applicant: _____ Date of Birth: _____

Home Care Contact: _____ Home Care Ph. #: _____

Is the Applicant currently receiving Home Care Services: _____ How many hours per day: _____

Cognitive:

Memory Recall: ❑ Good ❑ Needs some cueing ❑ Severely Impaired

Cognitive Skills for Daily Decision Making: ❑ Good ❑ Needs some cueing ❑ Severely Impaired

Indicators of Delirium Present: ❑ Yes ❑ No

Alzheimer's Disease: ❑ Yes ❑ No If Yes, ❑ Mild ❑ Medium ❑ Severe

Dementia Disease other than Alzheimer's ❑ Yes ❑ No If Yes, describe and to what degree _____

Mental Illness: ❑ Yes ❑ No If Yes, describe: _____

Communication & Vision:

Hearing: ❑ Normal ❑ Impaired ❑ Absent ❑ Hearing Aid

Communication Difficulty ❑ Yes ❑ No If Yes, why: _____

Vision: ❑ Normal ❑ Good with glasses ❑ Impaired ❑ Absent

HYTHE
PIONEER HOMES

Hythe and District Pioneer Homes

Box 388 10404 - 100 St, Hythe, AB, T0H 2C0
Telephone: (780) 356-3077, Fax: (780) 356-3938

Mood & Behavior Patterns:

Is there any past or present evidence of:

Depression: ❑ Yes ❑ No If Yes, ❑ Mild ❑ Medium ❑ Severe

Anxiety: ❑ Yes ❑ No If Yes, ❑ Mild ❑ Medium ❑ Severe

Tendency to Wander: ❑ Yes ❑ No

Uncontrolled Aggressive or Violent Behavior: ❑ Yes ❑ No

Socially Inappropriate/Disruptive Behavior: ❑ Yes ❑ No

Resists Care: ❑ Yes ❑ No

Alcohol or Drug Abuse: ❑ Yes ❑ No If Yes, ❑ Past ❑ Present

ADL Performance:

Require assistance transferring in and out of bed and to the bathroom: ❑ Yes ❑ No

Requires a 2-person assist when transferring or mechanical lift: ❑ Yes ❑ No

Requires assistance using toilet and or special devices (ostomy/catheter) ❑ Yes ❑ No

Requires assistance dressing: ❑ Yes ❑ No

Requires a special diet: ❑ Yes ❑ No If yes, type:_____

Requires assistance feeding themselves: ❑ Yes ❑ No

Requires assistance bathing: ❑ Yes ❑ No

Requires assistance with personal hygiene (combing hair, brushing teeth etc...) ❑ Yes ❑ No

Will require assistance to and from dining room in lodge: ❑ Yes ❑ No

Mobility Aids: ❑ Cane ❑ White Cane ❑ Walker ❑ Wheel Chair ❑ Scooter

Requires Medication Assistance: ❑ Yes ❑ No

Continence:

Bladder Continence: ❑ Continent ❑ Continent with devices ❑ Incontinent

Bowel Continence: ❑ Continent ❑ Continent with devices ❑ Incontinent

HYTHE
PIONEER HOMES

Hythe and District Pioneer Homes

Box 388 10404 - 100 St, Hythe, AB, T0H 2C0
Telephone: (780) 356-3077, Fax: (780) 356-3938

Infectious Diseases:

Is there past or present evidence of an infectious disease: ❑ Yes ❑ No If Yes, Describe:_____

_____

Does this applicant have strong family/community support: ❑ Yes ❑ No

General Remarks and Other Pertinent Information: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Home Care Signature:_____ **Date:**_____