



Hythe and District Pioneer Homes

Box 388 10404 - 100 St, Hythe, AB, TOH 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 TOH 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: _____

Personal Directive: _____ Goals of Care (Green Sleeve): _____

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 Health Diagnosis: Yes No Concerns and Additional Information: _____

Communication & Vision:

Hearing: Normal Impaired Absent Hearing Aid

Communication Difficulty: Yes No If Yes, why: _____

Vision: Normal Good with glasses Impaired Absent

Is Vision manageable with Scheduled care: Yes No



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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, Exit Seeking: Yes No
- Uncontrolled Aggressive or Violent Behavior: Yes No
- Socially Inappropriate/Disruptive Behavior: Yes No
- Resists Care: Yes No
- Alcohol or Drug Concerns: Yes No If Yes, Past Present

Aides for Daily Living:

- 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

