

DOCTOR'S EVALUATION					
PATIENT LAST NAME	FIRST	MI	DOB	AGE	
ADDRESS					
CITY	STATE	ZIP	PHONE		
DIAGNOSIS		MEDICATIONS			
PSYCHIATRIC OR PHYSIOLOGICAL DIAGNOSES (IF APPLICABLE)					
HEALTH HISTORY AND PHYSICAL					
HEIGHT	WEIGHT	ALLERGIES:			
ADL ASSESSMENT	INDEPENDENT	NEEDS ASSISTNACE	UNABLE	AIDS USED	
USING TELEPHONE					
HANDLING MONEY					
PERSONAL LAUNDRY					
LIGHT HOUSEKEEPING					
PREPARE FULL MEALS					
PREPARE LIGHTMEALS					
AMBULATION					
TOILETING					
BATHING					
DRESSING					
TRANFERRING					
EATING					
IN YOUR PROFESSIONAL OPINION OIS THE RESIDENT CAPABLE OF SELF ADMINISTERING MEDICATION?				YES	NO
IF THEY NEED ASSISTANCE, TO WHAT EXTENT?					
PRINT PHYSICIAN NAME		PHYSICIAN SIGNATURE		DATE	
PHYSICIAN ADDRESS					