~Retirement and Assisted Living~
~Memory Care~

The Saybrook at Haddam
Physician Report

Community Name: The Saybrook at Haddam
Community Address: 1556 Saybrook Road, Haddam, CT 06438
Community Phone: 860-345-3779

Please note: The information on this form MUST be based on a physical exam preformed within three months of the date for application for assisted living residency. All data must be included on this form, including a mantoux test date and results.

Patients Name: ______________________ Male ☐ Female ☐
Home Address: ______________________ DOB: __________
Physical Exam Date: ______________
Diagnosis: active medical problems: ______________________

History: pertinent inactive medical problems: ______________________

Emotional/Psychological history limiting patient's ability to live independently: ______________________

Medication Name	Dose	Route	Frequency	Time of Day

Diet Choices: Regular ☐ NCS ☐ NAS ☐

Treatments: include specific orders frequency, special needs ______________________

Weight: __________ Height: __________
Temp: __________ Heart Rate: __________ A or R Blood Pressure: __________

Allergies: ______________________

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It is the policy of The Saybrook at Haddam that all residents are to be screened for active Tuberculosis (TB) at the time of move in and that all residents will be evaluated on an annual basis for the presence of active TB. If a TB test has been done in the past 12 months a one step is sufficient. If a TB test has not been performed in the last 12 months a 2 step is necessary. A single BAMT (Blood Assay for Mycobacterium Tuberculosis.) is also accepted If the resident has a history of testing positive a chest x-ray indicating absence of active TB will be accepted.

Mantoux Test #1 Date: Result:

Mantoux Test #2 Date: Result:

BAMT Date: Result:

CXR Date: Result:

Activities of Daily Living				
Functional Levels I= Totally Independent A= Needs Assistance D= Dependent				
Activity	**I**	**A**	**D**	**Comments**
Eating				
Transfer				
Dressing/Grooming				
Bathing				
Toileting				
Ambulation				
Communication				
Preparing Light Meals				
Preparing Full Meals				
Light Housekeeping				
Personal Laundry				
Handling Money				
Using Telephone				
Reading				
Writing				
Managing Medications				
Other				

I certify that the above named meets the criteria for chronic and stable as defined by the CT Regulations and is free of communicable diseases.

Physician Signature: Date:

Physician Name:

Address:

Telephone: