Ministry of Community and Social Services

Huronia Regional Centre

MEDICAL ASSESSMENT - PHYSICIAN'S REPORT

Date of Birth: 8 61.

If in Institution, state name and address

Name of Patient: [redacted]

Address: HURONIA REGIONAL CENTRE, ORILLIA

ASSESSMENT OF GENERAL CARE NEEDS

(This section may be completed by nurse or supervisor of residence)

CHECK THE APPROPRIATE CATEGORY IN EACH OF THE FOLLOWING GROUPS

SKIN

Does examination reveal any evidence of abrasions, rash, (bruises), ulcerations or abnormality?

Yes ☐ No ☐ If "yes", explain:

NUTRITIONAL STATE

Undernourished ☐ Well nourished ☐ Overweight ☐

MENTAL CONDITION

1. Approximately normal ☐
2. Occasional brief periods of confusion and/or forgetfulness ☐
3. Marked confusion and disorientation with brief periods of alertness and proper orientation ☐
4. Obvious and persistent confusion and disorientation ☐
5. Complete stagnation and vegetation of mental and emotional functions ☐
6. Mental deficiency (i) Congenital ☑ (ii) Acquired (organic brain damage) ☐

BEHAVIOR

Check each question either - Yes or No

	Yes	No
1. Approximately normal	☐	☑
2. Quiet and Cooperative	☑	☐
3. Apathetic	☑	☐
4. Talkative	☐	☑
5. Emotional Changeability or Lability	☐	☑
6. Suspicious	☐	☑
7. Noisy, disturbing to others	☐	☑
8. Quarrelsome - Belligerent (underline)	☐	☑
9. Requires restraint	☐	☑

HABITS

Check each question either - Yes or No

	Yes	No
1. Bladder control normal	☑	☐
2. Bowel control normal	☑	☐
3. Able to speak normally	☐	☑
4. Able to read a newspaper	☐	☑
5. Able to hear conversational voice	☑	☐
6. Able to wash face and hands	☐	☑
7. Able to bathe self	☐	☑
8. Able to use toilet facilities	☑	☐
9. Able to see for purpose of ambulation	☑	☐

USE OF LIMBS

Arms and Hand	Right	Left	Lower Limbs	Right	Left
Normal use	☑	☑	Normal use	☑	☑
Impaired use	☐	☐	Impaired use	☐	☐
No use	☐	☐	No use	☐	☐
Amputation	☐	☐	Amputation	☐	☐

FEEDING

1. Feeds self ☑
2. Requires supervision for feeding ☐
3. Requires assistance for feeding ☐
4. Requires to be fed ☐

DRESSING

1. Able to dress self (partly) ☑
2. Requires supervision or assistance in dressing ☑
3. Requires to be dressed ☐
4. Continuous full bed care ☐

BED CARE

1. Requires no assistance to get in or out of bed ☑
2. Requires some assistance to get in or out of bed ☐
3. Requires lifting in and out of bed ☐
4. Requires to be turned in bed ☐

AMBULATION

1. Able to walk without help
   (i) Normal for age ☑
   (ii) Feeble, requires supervision ☐
2. Independent with wheelchair/walker ☐
3. Requires assistance such as:
   (i) Personal assistance to walk ☐
   (ii) Lifting in and out of chair ☐
   (iii) Unable to propel wheelchair ☐
4. Unable to do anything for self ☐

SIGNATURE AND TITLE [redacted] DATE

MEDICAL ASSESSMENT

ORIGINAL FILE

Brief Medical History: Retarded from birth

Describe Patient's Present Condition: Fracture L. hip - otherwise in fair health.

List Present Medication with Dosage — Date Ordered

(a) None

(b)

(c)

(d)

Note any Drug Sensitivities or Allergies: None Known.

Pertinent Laboratory Findings

Is this patient likely to be disturbing to other patients due to his/her appearance or habits? No

Is patient known to become violent and uncontrollable? No

If the answer is yes, what steps are taken to handle the situation?

Has this patient had any known exposure to infectious disease? No

Comments: Ward CAS

PHYSICIAN [redacted] DATE 19/1/78.

95-08-011 (9/75)