PRE-ADMISSION MEDICAL INFORMATION

(To be completed by applicant's Doctor for resident requiring permanent and respite care)

Applicant Name: _____ **Centre:** _____

Dear Doctor,

The above applicant has approached Meath Care (Inc) regarding Residential aged care accommodation. It would greatly assist in assessing the applicant's care and accommodation needs if you would provide us with the medical information as requested on this form.

OVERVIEW OF APPLICANT'S MEDICAL HISTORY

IMMUNISATION HISTORY

Tetanus Vaccination Date: _____ **Pneumovax Vaccination Date:** _____

Influenza Vaccination Date: _____ **Hepatitis B Vaccination Date:** _____

Covid-19 Vaccination Dates:

1st Dose _____ **2nd Dose** _____ **1st Booster** _____ **2nd Booster** _____

Please attach vaccination evidence, e.g., Immunisation History Statement (available from Medicare).

REASON FOR ADMISSION

_____

_____

MAJOR MEDICAL PROBLEMS

_____

_____

_____

CURRENT MEDICATIONS (please attach list if possible)

_____

_____

_____

KNOWN ALLERGIES

_____

_____

CENTRAL NERVOUS SYSTEM: (*Sight, Hearing, Speech)*

_____

_____

_____

_____

PRE-ADMISSION MEDICAL INFORMATION

(To be completed by applicant's Doctor for resident requiring permanent and respite care)

MOBILITY ISSUES

_____

_____

ALIMENTARY SYSTEM

Bowel Habits: _____

Continent/Incontinent (bowel): _____

Continent/Incontinent (bladder): _____

MENTAL STATE

Ability to Reason/Communicate: _____

Confused/Wandering: _____

Memory loss: _____

Depression: _____

Mental Illness: _____

RECENT INVESTIGATIONS AND RESULTS:

_____

_____

FUTURE MEDICAL CARE

Are you prepared to continue caring for the applicant should they relocate to a Meath Care (Inc) centre?

Yes ❑ No ❑

Doctor's Name: _____ **Signature:** _____

Medical Practice: _____ **Telephone Number:** _____

Address:_____

Date: _____

Thank you for your assistance.