

ANNEXURE: 4	Medical Examination Form		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	VERSION	1
PREPARED BY	Pankaj Mehrotra	UNDER REVIEW	Dr. Dipankar Debnath, Anu Savio Thelly

1) Resident Details

Resident Name	
Date of Birth	
Age	
Blood Group	
Gender (Male / Female / Third Gender)	
Height & Weight	
Resident Contact Details	
Name of Guardian / Legal Representative	
Contact Details of Guardian	
Present / Previous Physician	
Last Medical Check-up	
New Resident / Existing Resident	

2) Care Home Details

Name of Care Home	
Address	
Contact Number	
Contact Persons	

3) Physical Health Assessment

	Independent	Needs Assistance	Needs Supervision
Physical Movement			
Chewing			

CHAPTER: 4 - Medical Examination Form

Swallowing			
Bathing			
Dressing			
Eating			
Cooking			
Toilet Use			
Personal Grooming			
Foot Care			
Eye Care / Vision Capacity			
Ear Care / Hearing Capacity			
Bladder			
Bowel			
Bed Transfer			
Bedridden			
Pressure Sores			
History of Falls			
Orthostatic hypotension			
Osteoporosis			
Gait problem			
Impaired Balance			
Foot Deformity			
Nursing Care			
Teeth			
Dentures			
Gums			
Skin integrity			
Driving Skills			
Weight Loss in past 3 months			
Malnutrition			
Epilepsy			

4) Mental Health Assessment

	Normal	Serious	Requires Admission
Alzheimer's Condition			
Dementia Condition			
Confusion			
Parkinsonism			
Psychiatric Status			
Hallucinations			
Delusions			
Impaired judgment			
Anxiety			
Depression / Psychological			
Mood Conditions			
Cognitive Status			
Decision Making Capacity	Independent	Limited Capacity	Dependent
Poses Self-Harm			
Poses Harm to Staff & Other Residents			
Agitation			

5) Medical Assessment

	Independent	Needs Assistance	Needs Supervision
Medication Administration			
Last Hospitalization			
Known Allergies			
Blood Pressure			

Diabetes	
TB	
Drug Intolerance	
Current Medication	
Communicable Diseases	
Cardiovascular System	
Respiratory system	
Sleep Condition	
Smoking Status	
Alcohol Status	
Substance Abuse	
Special Diet	
Other Remarks	

6) Current Treatment

Current Treatment	Name(s) of Treatment Providers (e.g. clinic)
Previous Operations	Dates

7) Doctor's Recommendations

1)	The applicant is fit / unfit for admission to day/residential service. (No evidence of infectious disease or significant physical condition contraindicating placement into a group environment.)
2)	The applicant should be referred to the following specialist for follow up examination:

Doctor's Signature:		Hospital/Clinic:	
Name:		Tel:	
Date:		Ref. No.:	