



Ridleyton Greek Home for the Aged (Reg)

MEDICAL CERTIFICATE

1. APPLICANT'S NAME: SURNAME:
DATE OF BIRTH: AGE:

2. DOCTOR'S NAME:
WILL YOU VISIT PATIENT ON SITE? YES NO
Doctor will be required to consult their patient on site at Ridleyton Greek Home.
HOW LONG HAVE YOU KNOWN THE APPLICANT?

3. SIGNIFICANT PAST MEDICAL/SURGICAL HISTORY AND YEAR DIAGNOSED (If not covered below):
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.....
.....

4. PRESENT PROBLEMS AND YEAR DIAGNOSED (if any):
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.....
.....

5. CURRENT MEDICATION (Dosage and Frequency):
.....
.....
.....

6. ALLERGIES: Yes No (If Yes list).....
.....
.....

7. IMMUNISATION STATUS: Date of last Covid-19 Vaccination.....
Date of last Influenza Vaccination
Date of Last Pneumovax date of (Pneunococcal polysaccharide (23vPPV.....
List other relevant immunisation information:
.....
.....
.....

8. EXAMINATION:

- 8.1 Blood Pressure _____ Weight _____ Thalassaemia Yes No
- 8.2 Are there any indications of any heart or vascular disease? Yes No
If yes, give details: _____
- 8.3 Are there any indications of disease of the respiratory system Yes No
If yes, give details: _____
- 8.4 Any history or evidence of tuberculosis? Yes No
If yes, give details: _____
- 8.5 Are there any indication of disease of the digestive system or bowel? Yes No
If yes, give details: _____
- 8.6 Does the applicant require any special diet? Yes No
If yes, give details: _____
- 8.7 Are there any indications of any disease of the genito-urinary system? Yes No
If yes, give details: _____
Urinary/Faecal Incontinence. Date and Type of Investigations/Remedy:

- 8.8 Is there any evidence of diabetes? Yes No
If yes, give details: _____
- 8.9 Are there any indications of disease of the Neuro-Hormonal System? Yes No
If yes, give details: _____
- 8.10 Any history of Epilepsy? Yes No
If yes, give details: _____
- 8.11 Is the applicant mentally competent? Yes No
If no, give details: _____
- 8.12 Is there any evidence of (a) anxiety, (b) depression, (c) dementia, (d) alzheimers? Yes No
If yes, give details: _____
Has the applicant been assessed by a Geriatrician/Psychogeriatrician?
If yes, please forward report with application.
- 8.13 Are there any significant Sensory Impairments (hearing, vision, speech, language)
(a) Hearing _____ (b) Vision _____
(c) Speech _____ (d) Language _____
- 8.14 Are there any diseases of the skeletal system? Yes No
If yes, give details: _____
- 8.15 (a) Past fractures (specify/indicate year): _____
(b) Prosthesis (specify/indicate year): _____
(c) Arthritis: _____
- 8.16 Are there any significant dermatological conditions? Yes No
If yes, give details: _____

8.17 Is there anything about the physical or mental condition of the applicant, not clearly shown above, which you consider should be known by the Home when considering this application for admission? Yes No

If yes, give details:

8.18 Are there any social needs which would be taken into consideration? Yes No

If yes, give details:

.....

.....

.....

Doctor's Name: Signature: Date:

Address: Phone:

SUPPLEMENTARY MEDICAL ASSESSMENT

(Please tick in appropriate square)

Current Weightkg

9. MOBILITY

- 9.1 AMBULATION: Unassisted With Walking Aid
 With help of another person With help of 2 persons
- 9.2 TRANSFERRING Out of bed without help Out of bed with help
 Chairfast Bedfast

10. PERSONAL HYGIENE/SHOWER

- 10.1 SHOWER: Independently With Supervision
 With Minimal Help With Constant Help
- 10.2 DRESS: Independently With Supervision
 With Minimal Help With Constant Help
- 10.3 GROOM: Independently With Supervision
 With Minimal Help With Constant Help

11. CONTINENCE

- 11.1 URINE: Continent Incontinent (but not daily)
 Incontinent (once daily) Incontinent frequently
 Continent Incontinent (but not daily)
- 11.2 FAECES: Incontinent (once daily) Incontinent frequently

Bowel Evacuation Management:

12. MEDICATION

- Manages Independently Requires Organisation
 Requires Full Supervision

13. MEALS

- Manages Independently Needs help cutting up food
 Needs to be fed Has difficulty in Mastication
 Has difficulty Swallowing

14. **BEHAVIOUR**

Confusion:

- | | |
|--|---|
| <input type="checkbox"/> Hostility / Intrusive | <input type="checkbox"/> Wandering (safety needs) |
| <input type="checkbox"/> Sleep / Nocturnal disturbance | <input type="checkbox"/> Other |

Mood Affect:

- | | |
|---|---|
| <input type="checkbox"/> Short Term Memory Loss | <input type="checkbox"/> Long Term Memory Loss |
| <input type="checkbox"/> Danger to Self | <input type="checkbox"/> Danger to Others |
| <input type="checkbox"/> Needs Constant Supervision | <input type="checkbox"/> Needs Psychogeriatric Assessment |

Repetitive Behaviour:

Requires prompting with activities of living (presentation of Dementia/Alzheimers): Yes No

15. **ACUTE/CHRONIC PAIN MANAGEMENT**

Yes No

Specify:

Investigations:

Management:

16. **SMOKER**

Yes No

(RGHA IS A NON SMOKING FACILITY)

ALCOHOL USE/ABUSE

Yes No

17. **OTHER COMMENTS**

Specify the reasons you believe Low Level Care – Hostel or High Level Care – Nursing Home care is urgent including details of any Social status)

18. **AGED CARE ASSESSMENT TEAM (ACAT)**

Approval: Yes No

Approved By: _____ Date Approved: _____

Approved For:	<input type="checkbox"/> High Level of Care	<input type="checkbox"/> Low Level of Care
	<input type="checkbox"/> Permanent	<input type="checkbox"/> Respite

Significant Family Support:

19. **COMMUNITY SUPPORTS USED**

- | | |
|--|--|
| <input type="checkbox"/> No Community Support Needed | <input type="checkbox"/> Maximum Available Need but not used |
| <input type="checkbox"/> RDNS | <input type="checkbox"/> Maximum Available Used but Inadequate |
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Domiciliary Services |

20. **PRESENT ACCOMMODATION**

Has home that is secure/long term Has home that is insecure/temporary

21. **FAMILY AND PRIVATE SUPPORTS**

- | | |
|--|---|
| <input type="checkbox"/> Functioning Well | <input type="checkbox"/> Socially Isolated/fear of living alone |
| <input type="checkbox"/> Not Functioning Well (too stressed) | <input type="checkbox"/> Socially Isolated/safety at risk |

PLEASE RETURN BOTH THESE FORMS TO THE ADMISSIONS OFFICER
RIDLEYTON GREEK HOME FOR THE AGED
89 HAWKER STREET
BROMPTON SA 5007
admissions@rgha.com.au