ST. LUKE'S VILLAGE
P.O. Box 161
Gladstone, New Jersey 07934

MEDICAL INFORMATION FOR APPLICATION

Date_____

TO THE PHYSICIAN:

St. Luke's Village is a residence community made up of eight one-bedroom apartments in two, two-story buildings on Main Street in Gladstone. Apartments are 600 square feet in size with laundry and kitchen facilities in each. In addition, there is a common house, the first floor of which will be used as a gathering and meeting place, with the intention that the residents will enjoy community living and be willing to join in social activities. The Village is half-way between Peapack and Gladstone, with several miles of connecting sidewalks so as to facilitate shopping and other activities. Your patient has met all the preliminary requirements to be accepted as a resident of the Village; however, we would like to establish a medical background of the residents. We will not have nursing or medical facilities available on the premises, since this is an independent living arrangement; however, we will have a part-time caretaker/administrator who will be in daily touch with residents.

Please note especially Items 3, 4, and 5 in the enclosed brochure. Thank you for your cooperation in filling out this form.

RESIDENT(S)' NAME_____

DATE OF BIRTH_____ MARITAL STATUS S___ M___ D___ W___

EDUCATION_____
(High School) (Other)

OCCUPATION_____
(or Former Occupation)

HEALTH INSURANCE_____

Policy No._____Social Security No._____

Policy No._____

PHYSICIAN'S NAME_____

_____
(Address) (Telephone)

DENTIST'S NAME_____

_____
(Address) (Telephone)

OTHER PHYSICIANS USED_____

_____
(Address) (Telephone)

HEALTH HISTORY

Page 2 Date_____

Source_____

PAST HISTORY

1. Childhood-Adult Illnesses: (Physical and/or Mental)

2. Hospitalizations:
   Date Reason

3. Other Injuries, Accidents and Fractures:

4. Medications:

5. Date of Last Immunization: Tetanus:

6. Tests to be Ordered and Results sent to St. Luke's Village:

   a. Chem 26 Screening
   b. Complete Urinalysis
   c. CBC
   d. EKG, at the discretion of the Physician, or if available.

7. Allergies:

   Medications:

 Date_____

7. Allergies - continued:

Special Diet:

History:

Current Diagnosis:

General Remarks:

MEDICAL RECORD	DEFINED DATA BASE	PART V PHYSICAL EXAMINATION

HEIGHT	PRESENT WEIGHT	IDEAL WEIGHT	TEMPERATURE	PULSE	BLOOD PRESSURE	RESPIRATION

GENERAL APPEARANCE

INSTRUCTIONS: Check normal or abnormal only for those areas actually examined. If abnormal, use blank area to comment.

N	ABN	A-SKIN
		1. TURGOR
		2. LESIONS
		3. HAIR
		4. NAILS

B-HEAD-EYES-EARS-NOSE-THROAT

		HEAD
		1. SKULL
		2. SCALP
		3. VISION *(Specify test used)*
		4. EXTRAOCULAR MOVEMENTS
		5. EYELIDS
		6. CONJUNCTIVAE
		7. CORNEA
		8. SCLERA
		9. LENS
		10. PUPILS
		11. FUNDI
		EARS
		12. AUDITORY ACUITY *(Specify test used)*
		13. EXTERNAL EAR
		14. CANALS, DRUMS
		NOSE
		15. EXTERNAL
		16. MUCOSA
		17. SEPTUM
		18. TURBINATES
		MOUTH-THROAT
		19. LIPS
		20. BREATH
		21. TEETH, GUMS
		22. TONGUE
		23. MUCOSA
		24. TONSILS
		25. PHARYNX
		26. SPEECH
		27. SALIVARY GLANDS

MEDICAL RECORD	DEFINED DATA BASE	PART V PHYSICAL EXAMINATION

C-NECK

N	ABN	
		1. RANGE OF MOTION
		2. APPEARANCE
		3. TRACHEA
		4. THYROID
		5. MASSES

D-BREASTS

		1. MASSES
		2. NIPPLES

E-NODES

		1. CERVICAL
		2. AXILLARY
		3. INGUINAL

F-CHEST

		1. CONFIGURATION OF THORAX
		2. RESPIRATORY MOVEMENTS
		3. PERCUSSION
		4. INSPIRATORY BREATH SOUNDS
		5. EXPIRATORY BREATH SOUNDS

G - VASCULAR *(diagram when applicable)*

			R	L	(0 - 4)
		1. CAROTID PULSE			
		2. RADIAL PULSE			
		3. FEMORAL PULSE			
		4. POPLITEAL PULSE			
		5. POSTERIOR TIBIAL PULSE			
		6. DORSAL PEDAL PULSE			
		7. NECK VEINS			
		8. PERIPHERAL VEINS			

H - HEART *(Diagram sounds, murmurs, gallops)*

		1. IMPULSE
		2. PALPATION
		3. RHYTHM
		4. AUSCULTATION

MEDICAL RECORD		DEFINED DATA BASE	PART V PHYSICAL EXAMINATION
N	ABN		
		I - ABDOMEN	
		1. ABDOMINAL WALL	
		2. DISTENTION	
		3. TENDERNESS	
		4. LIVER	
		5. SPLEEN	
		6. KIDNEYS	
		7. OTHER MASSES	
		8. BOWEL SOUNDS	
		9. VENTRAL HERNIA	
		J - RECTAL	
		1. ANUS AND SPHINCTER	
		2. RECTUM	
		3. PROSTATE	
		4. TEST FOR OCCULT BLOOD	
		K - GENITALIA	
		MALE	
		1. PENIS	
		2. SCROTUM	
		3. TESTES	
		4. EPIDIDYMIS	
		5. INGUINAL CANAL	
		FEMALE	
		6. EXTERNAL GENITALIA	
		7. URETHA	
		8. VAGINA	
		8. CERVIX	
		10. UTERUS	
		11. ADNEXA	
		L - EXTREMITIES	
		UPPER	LOWER
		1. MUSCLES	
		2. JOINTS	
		3. EDEMA	
		4. AMBULATION	
		5. COORDINATION	
		6. AMPUTATION, DEFORMITIES	
		7. USE OF WALKER/4-PRONG CANE	
		8. USE OF WHEELCHAIR	
		9. ABILITY TO DO STAIRS	
		M - SPINE	
		1. CONFIGURATION	
		2. MOBILITY	
		3. TENDERNESS	

N – NEUROLOGICAL

N	ABN	
		1. CRANIAL NERVES
		2. GAIT
		3. BICEPS REFLEX
		4. TRICEPS REFLEX
		5. PATELLAR REFLEX
		6. ACHILLES REFLEX
		7. PLANTAR RESPONSE
		8. PERIPHERAL NERVES
		9. SENSORY

R	L	(0-4+)

O – MENTAL STATUS

		1. ORIENTATION
		2. MEMORY
		3. MOOD
		4. CONSCIOUSNESS