

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)

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.

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

B - HEAD-EYES-EARS-NOSE-THROAT

		HEAD				
N	ABN					
		1. SKULL				
		2. SCALP				
		3. VISION (<i>Specify test used</i>)				
		4. EXTRAOCULAR MOVEMENTS				
		5. EYELIDS				
		6. CONJUNCTIVAE				
		7. CORNEA				
		8. SCLERA				
		9. LENS				
		10. PUPILS				
		11. FUNDI				
		EARS				
		12. AUDITORY ACUITY (<i>Specify test used</i>)				
		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
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			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)																			
			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; text-align: center;">R</td> <td style="width:20px; text-align: center;">L</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> (0 - 4)	R	L														
R	L																		
		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		
		MALE	K - GENITALIA	
		1. PENIS		
		2. SCROTUM		
		3. TESTES		
		4. EPIDIDYMIS		
		5. INGUINAL CANAL		
		FEMALE		
		6. EXTERNAL GENITALIA		
		7. URETHA		
		8. VAGINA		
		9. CERVIX		
		10. UTERUS		
		11. ADNEXA		
		UPPER	L - EXTREMITIES	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		

