

MEDICAL INFORMATION FOR APPLICATION (physician to complete)  
(if for two applicants, please print a second copy of these pages and complete)

Mail to: St. Luke's Village  
PO Box 645  
Peapack, NJ 07977

Date \_\_\_\_\_

TO THE PHYSICIAN:

St. Luke's Village (SLV) is a residential community for seniors, age 62 and over, consisting of nine (9) one-bedroom apartments in three (3) two-story buildings on Main Street in Gladstone, NJ. The apartments are 600 square feet in size with bathroom, laundry and kitchen facilities in each. In addition, there is a common house, the first floor of which may be used as a gathering and meeting place. It is intended for residents to enjoy community living and be willing to join in social activities. A few of the apartments incorporate handicap accessible bathrooms. Five (5) of the nine (9) apartments require tenants to climb stairs to enter and exit their apartment. No elevators are available. SLV is half-way between the towns of Peapack and Gladstone, with several miles of connecting sidewalks so as to facilitate shopping and other activities. This is an independent living facility, not an assisted living facility. We will not have nursing or medical facilities available on the premises. The town fire department and first aid squad are in close proximity of SLV. Your patient has met all the preliminary requirements to be accepted as a resident of SLV; however, we like to establish medical backgrounds for all residents and we would appreciate your cooperation in completing this form.

Applicant's Name (s) \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ Marital Status S \_\_\_ M \_\_\_ D \_\_\_ W \_\_\_

Education (HS)\_\_\_\_\_ (College)\_\_\_\_\_ (other)\_\_\_\_\_

Occupation (or Former Occupation) \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Group No \_\_\_\_\_ Plan No. \_\_\_\_\_ Member No. \_\_\_\_\_

Primary Physician \_\_\_\_\_ Address: \_\_\_\_\_

Phone \_\_\_\_\_

Other Physician (s) \_\_\_\_\_ Address: \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address: \_\_\_\_\_

Phone \_\_\_\_\_

**HEALTH HISTORY**  
(attach additional sheets if more space is required)

Source \_\_\_\_\_

Date \_\_\_\_\_

**Past History:**

1. Please describe any illnesses from childhood through adult (Physical or Mental)

2. Any recent hospitalizations?

Reason

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Any major injuries, accidents or fractures?

4. Please list current medications (including for allergies)?

5. Date of Last Immunization \_\_\_\_\_

Tetanus \_\_\_\_\_

6. If the following test have recently been performed, please have the results sent to St. Luke's Village:

- Chern 26 Screening
- Complete Urinalysis
- CBC
- EKG, at the discretion of the Physician, or if available.

7. Allergies:

Please describe any general allergies

Please describe any medical allergies

Please describe any special diet

Please describe current diagnosis

8. St. Luke's Village is a non-smoking facility. Does the patient described on this application smoke?

Yes \_\_\_\_\_

No \_\_\_\_\_

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General remarks by physician:

After having read the description of the SLV community at the beginning of this medical form, do you have any concerns with the applicant living alone in this community?

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				

<b>MEDICAL RECORD</b>	<b>DEFINED DATA BASE</b>	<b>PART V PHYSICAL EXAMINATION</b>
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			<b>C-NECK</b>
<b>N</b>	<b>ABN</b>		
		1. RANGE OF MOTION	
		2. APPEARANCE	
		3. TRACHEA	
		4. THYROID	
		5. MASSES	

			<b>D-BREASTS</b>
		1. MASSES	
		2. NIPPLES	

			<b>E-NODES</b>
		1. CERVICAL	
		2. AXILLARY	
		3. INGUINAL	

			<b>F-CHEST</b>
		1. CONFIGURATION OF THORAX	
		2. RESPIRATORY MOVEMENTS	
		3. PERCUSSION	
		4. INSPIRATORY BREATH SOUNDS	
		5. EXPIRATORY BREATH SOUNDS	

<b>G - VASCULAR (diagram when applicable)</b>																			
			<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																	

<b>H-HEART (Diagram sounds, murmurs, gallops)</b>			
		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		

