



Magnolia Ridge

Residential Care and Assisted Living Facility

1007 Amherst Street, S.W.

Roanoke, Virginia 24015-2001

Phone: 540.342.8861

Fax: 540.343.3184

www.MagnoliaRidge.com

History and Physical Report

Examination is to be completed by an independent physician within 30 days prior to the date of admission. (This report will be retained as a permanent record.)

Name Date of Physical Examination

Street Address Town / City / State / Zip Code

Height: _____ Weight: _____ B/P: _____

Significant Medical History:

General physical condition, including systems review as is medically indicated:

Allergies: (food, medicine, other): _____

Is this person:

_____ Ambulatory (physically and mentally able to exit an adult care residence without assistance in an emergency and can descent stairs, if present, in an necessary exit path,
or,
Because of physical or mental impairment requires limited assistance, such as the assistance of wheelchair, walker, cane, prosthetic device, or a single verbal command, to exit the residence in an emergency).

_____ Non-ambulatory (by reason of physical or mental impairment, is unable to exit the residence in an emergency).

Diagnosis and / or significant problems, including history of aggressive behavior or dangerously agitated state:

Recommendations for care:

Please note: Magnolia Ridge administers all medications to all residents.

Medications: _____

Please note: Magnolia Ridge can accommodate doctor ordered therapies through a Medicare approved Home Health or other appropriate agency.

Therapy: _____

Diet: (Please check most appropriate diet.)

- _____ Regular House Diet - This diet is used when the resident requires no dietary restrictions. This diet can be mechanically altered for residents requiring consistency modifications due to chewing or swallowing difficulties.
- _____ No Added Salt Diet - This diet is intended for the resident who requires liberal Sodium restriction for us in the treatment of hypertension, edema, cardiovascular or renal disease and cirrhosis of the liver.
- _____ No Concentrated Sweets - The purpose of this diet is to give non-insulin dependent diabetics a less restrictive diet. The diet restricts sugars, but not calories. Calories are between 1700 and 2100 per day. This diet is recommended for diet orders reading 1500, 2000 and 2200 calories.
- _____ Diabetic Diet - This diet is intended for the diabetic client who is requiring of a strict diet of no more than 1400 calories daily.

Does this individual have any of the following prohibitive conditions or care needs?

Condition/Care Need	Yes	No	Comments
Ventilator dependency			
Dermal ulcers III or IV			If Stage III, is ulcer healing?
Intravenous therapy or injections directly into the vein			Temporary, for acute situations are acceptable
Airborne infectious disease in a communicable state that requires isolation or special precautions to prevent transmission			
Psychotropic medications without appropriate diagnosis and treatment plans			
Nasogastric tubes			
Gastric tubes			Is person capable of independently caring for the tube?
Presents imminent physical threat or danger to self or others			
Requires on-going 24-hour Skilled Nursing care			

I am aware that Magnolia Ridge Assisted Living Facility is not licenses to provide 24-hour continuous professional nursing care, although they are staffed for resident assistance and oversight continuously 24-hours per day, and do provide Professional Nursing oversight. I can order any necessary therapy or Home Health professional service to be provided at this level of care within this facility. **With consideration to the above statement, can this person's needs be met at Magnolia Ridge?**

Circle One **YES** **NO**

Physician's Signature

Date