



NEWELL HOUSING

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Senior Citizen Medical Information

Attending Physician

- A. This Medical Information form is required by Newell Housing Association in regard to all Applicants seeking admission into self-contained senior citizens apartments. All information must be current within a six month time frame
- B. This form is to supplement other information to determine if the Applicant is physically able to look after him or herself in a self-contained apartment type complex.
- C. Any charge for the completion of this form is the responsibility of the applicant.

AUTHORIZATION

I hereby authorize any physician, medical clinic, hospital or other person that has any records or knowledge of my health to provide full information to Newell Housing Association or any authority acting on their behalf.

DATE

Signature of Applicant

1. Name of Applicant _____
2. Address _____
3. Birthdate _____
4. Date last contact with the patient to substantiate this information _____
5. Is the applicant physically able to maintain him or herself in a self-contained apartment? _____
6. Please detail any medical information which you feel would be important to the applicant's application for senior citizens housing.

Date _____ Physicians Signature _____

Name and address of Physician (please print) _____