WESTVIEW LODGE
5427 – 52 AVENUE,
ROCKY MOUNTAIN HOUSE,
ALBERTA T4T 1S9
(403) 845-3588 FAX: (403) 845-2228
wvlodge@telusplanet.net
www.rockyseniors.com

All information submitted in this application is kept strictly confidential and will be retained only for the purpose of processing this application or as long as the applicant is a resident. We require a medical to assess your suitability for Westview Lodge. By providing contact information, it is implied that you have obtained permission from them to give us their personal contact information and permission for us to contact them as deemed necessary. You can contact us at 403-845-3588.

APPLICATION FOR OCCUPANCY

FULL NAME____
Surname (PLEASE PRINT) First Name

PRESENT ADDRESS____

POSTAL CODE: ______ TELEPHONE: ___________ BIRTH DATE: ___________
MM-DD-YYYY

LENGTH OF RESIDENCE IN CANADA: _________ IN ALBERTA _____________

IN COUNTY ___________ SPECIFY_______________________________________

NAME, ADDRESS, PHONE NUMBER AND RELATIONSHIP OF RESPONSIBLE RELATIVE OR FRIEND TO BE NOTIFIED IN CASE OF EMERGENCY.

NAME: _________________________RELATIONSHIP _______________________

ADDRESS_____________________________________TELEPHONE ___________

NAME: ______________________RELATIONSHIP _________________________

ADDRESS______________________________________TELEPHONE __________

EXECUTOR:

NAME: ______________________________TELEPHONE __________________

ADDRESS ____

Do you have a living will/ and does it include a “Do Not Resuscitate” order?

___

COMMENTS:____

____

____

PAYMENT OF ROOM AND BOARD:
Is applicant able to meet cost of room and board from own resources?
Yes____________ No_____________

If no, state arrangements for payment of room and board, hospital, medical and other expenses:

____

____

INCOME: Check any of the following that you receive:

OLD AGE SECURITY _____ GUARANTEED INCOME SUPPLEMENT _____

CANADA PENSION _____ ALBERTA SENIORS BENEFITS _____

ALBERTA HEALTH CARE INSURANCE NUMBER________________________

SOCIAL INSURANCE NUMBER____

AN UP TO DATE MEDICAL CERTIFICATE IS REQUIRED BEFORE ADMISSION.

I hereby understand and agree that special care shall not be provided in Westview Lodge and that should I require special care in the future, I shall move to a facility providing same, upon request.
IMPORTANT NOTICE TO APPLICANTS: Once your applicant has been given approval in principle, and you accept the accommodation offered, you will be provided with a lodge resident's Terms of Occupancy, which together with this Application for Occupancy shall form the basis of your occupancy at Westview Lodge.

____________________________	____________________________
Signature of Applicant	Witness

Date ________________________

PLEASE RETURN COMPLETED QUESTIONAIRE TO:

WESTVIEW LODGE
5427 52ND AVENUE
ROCKY MOUNTAIN HOUSE, AB
T4T 1S9

NAME: ________________________________ TELPHONE: __________________

DATE OF BIRTH: ____

ADDRESS: ____

____

ALTERNATE CONTACT:

NAME: ________________________________TELEPHONE: __________________

ADDRESS: ____

____

FAMILY DOCTOR:

NAME: ________________________________TELEPHONE: __________________

ADDRESS: ____

____

1. DO YOU COOK YOUR OWN MEALS? ____YES ____NO

- ❖ If no, what other arrangements have you made to provide for your nutritional needs? ____
  ____
- ❖ How many meals do you eat each day? ____________________________
- ❖ Which ones? ____Breakfast ____Dinner _____Supper

❖ Who do you eat your meals with? ________________________________

❖ Do you have well balanced and nutritious meals? ____Yes ____No

❖ What do you consider a well-balanced meal? _______________________

____

❖ Do you have food allergies or require a special diet?

____Yes ____No

❖ Do you have difficulty swallowing or chewing? ____Yes ____No

2. How often do you visit with friends? __________________________________

❖ What activities do you enjoy? ___________________________________

____

❖ What functions in the community do you attend? ____________________

____

3. Do you drive? ____Yes ____No

❖ If not, what arrangements do you make for transportation? ____________

____

❖ Is your residence located in town or country? _____________________

❖ How far are you from the nearest town? _______________________km

❖ How far are you from the nearest hospital? _____________________km

4. Do you have a "Help" line installed? ____Yes ____No

❖ Who responds in case of an emergency? ___________________________

❖ What equipment do you have in your home for your personal safety, i.e. bath rails, etc.? ____

____

5. Do you manage your personal care and hygiene? ____Yes ____No

❖ If not, what assistance do you receive and who assists you? ___________
____
____

❖ Do you wear glasses? ____Yes ____No

❖ Are you able to read or watch television? ____Yes ____No

❖ Do you wear a hearing aid? ____Yes ____No

6. Has your health changed in the last six months? ____Yes ____No

❖ What were the changes and what has been done about them? _________
____

❖ Have you been hospitalized or required medical attention in the last six months? ____Yes ____No

❖ How many times have you visited the doctor's office in the past year?
____

❖ Please list medical conditions you have been diagnosed with. __________
____

❖ Do you require oxygen? ____Yes ____No

❖ Do you have problems with bladder control? ____Yes ____No

❖ Do you have problems with bowel control? ____Yes ____No

7. Are you able to climb stairs? ____Yes ____No

❖ Do you use a cane, walker, and /or a wheelchair for mobility assistance? ____Yes ____No

8. List all services received through community support services, i.e. Home Care, West Country Family Services, etc. ____________________________________
____

9. What other housing options are you considering? ______________________
____

10. Does existing housing structure provide accessibility for your mobility needs?

____Yes ____No

- ❖ That is, if in a wheelchair, is the home wheelchair accessible?

  ____Yes ____No

11. Do you own or rent your present accommodation? ____Own ____Rent

- ❖ If renting, name of your present landlord: ___________________________

  Telephone: ______________________ Address: _________________________

- ❖ Is your present accommodation: ____House ____Apartment?
- ❖ Elevator ____Yes ____No
- ❖ Rooming House _____ Motel/ Hotel____ Other____
- ❖ Details:

  ____

- ❖ Rooms in present accommodation: ____Kitchen ____Living Room

  ____Dining Room ____Bathroom # of Bedrooms____

- ❖ Number of person(s) sharing your present accommodation:

  ____Adults ____Children

12. Do you receive Alberta Senior Benefits? ____Yes ____No

13. How long have you lived in the Clearwater County? _____________________

- ❖ How long have you lived in Rocky Mountain House? __________________
- ❖ How long have you lived in the Village of Caroline? ___________________
- ❖ How long have you lived in Alberta? _________________________________

14. Do you have family in the area? ____Yes ____No

15. Please give reasons for wanting to move to Westview Lodge?

____

____

____

16. If a room were available, would you move in immediately?

____Yes ____No

Any comments: ____

____

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WHEN YOU BOOK THE APPOINTMENT PLEASE LET THEM KNOW THAT IT IS FOR A “MEDICAL”.

This makes sure that enough time is booked for the appointment with your Doctor.

****

TO: ATTENDING PHYSICIAN

Do not return this medical certificate to the applicant. Please complete and return directly to:

ADMINISTRATOR- **WESTVIEW LODGE**
5427 – 52 Avenue, ROCKY MOUNTAIN HOUSE, AB T4T 1S9
Telephone: 403-845-3588 Fax: 403-845-2228

I, ___________________________HEREBY CONSENT TO THE RELEASE OF THIS INFORMATION TO ROCKY SENIOR HOUSING COUNCIL AS PART OF MY APPLICATION TO WESTVIEW LODGE/SELF CONTAINED UNITS (SCU).

________________________________ ____________________
Signature of Applicant Date

****

Name of Applicant ___________________________ Age _______________

Date of Examination ____

NOTE TO EXAMINING PHYSICIAN:

If this is a Lodge applicant; they must be able to feed themselves in a common dining room, get to meals and toilet independently. **The need for home care and other services MUST be arranged prior to admission.** Westview Lodge does not provide any home care or medical services.

Is Applicant physically able to wait on himself/herself? If answer is no, please explain in detail?

Condition

Is there any past or present evidence of?

Depression	☐Yes	☐No
Cognitive Impairment	☐Yes	☐No
Alzheimer’s Disease	☐Yes	☐No
Dementia	☐Yes	☐No
Mental Illness	☐Yes	☐No

If you answered yes to any of the above, please give detail of severity and if the applicant is being treated at this time: __________________________________

Diabetes ☐Yes ☐No
Insulin ☐Yes ☐No

Communicable Disease ☐Yes ☐No Type: ________________

Infectious Diseases/ Antibiotic Resistant Diseases: ☐Yes ☐No

Chronic Disease which would require special care: ☐Yes ☐No

Oxygen required ☐Yes ☐No If Yes, ☐Mild ☐Medium ☐Severe

Gastrointestinal ☐Yes ☐No If Yes, ☐Mild ☐Medium ☐Severe

Bladder ☐Continent ☐Incontinent ☐Intermittent

Bowel ☐Continent ☐Incontinent ☐Intermittent

Catheter ☐Yes ☐No

Colostomy ☐Yes ☐No

Physical Disability ☐Yes ☐No Describe___________________

Requires assistance transferring in & out of bed and to washroom:
☐Yes ☐No

Extra Assistance

Is your patient on Home Care? ☐Yes ☐No

Does your patient require medication assistance? ☐Yes ☐No

Does your patient require a special diet? ☐Yes ☐No

Intellectual Level of Functioning

Cooperative	☐ Yes	☐ At Times	☐ No
Aggressive	☐ Yes	☐ At Times	☐ No
Tendency to Wander	☐ Yes	☐ At Times	☐ No
Confused	☐ Yes	☐ At Times	☐ No
Destructive	☐ Yes	☐ At Times	☐ No
Unpleasant	☐ Yes	☐ At Times	☐ No
Violent Behavior	☐ Yes	☐ At Times	☐ No
Habits	☐ Yes	☐ At Times	☐ No

Do you consider your patient to be suitable mentally and physically to enter Westview Lodge where no special care, nursing care, or special diets are available?

☐ Yes ☐ No

RATING OF ACCEPTABILITY: A) ____, B) ____, C) ____, D) ____

A) Totally
B) Defects present, but controlled medically or surgically
C) Doubtful, because of senile changes, unclean habits
D) Unacceptable, chronic invalid, etc.

SIGNATURE OF PHYSICIAN: ______________________________

ADDRESS: ______________________________

____

TELEPHONE
INCLUDE AREA CODE: ______________________________