

# PHYSICIAN'S ADMISSION EXAMINATION

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St. Elizabeth Briarbank Assisted Living  
39315 Woodward Avenue  
Bloomfield Hills, MI 48304  
248-644- 1011  
FAX 248-644-1596

Dear Doctor: Your patient is seeking admission to St. Elizabeth Briarbank Assisted Living for Women. St. Elizabeth's provides basic care for women over 60 years old. Please complete this form on your patient's health status so that we may plan for care. Our Home provides medication management and administration. The applicant and/or her personal representative will forward this information to us. Thank you!

Name of Patient: _____		Date of Birth _____			
Date of Your Last Examination: _____					
Physician Name: _____		Office Phone # _____			
Address: _____		Office Fax # _____			
City – State - zip					
Patient Admitted from: (circle)					
Home	Rehab Center	Hospital	Skilled Nursing Facility	Assisted Living	Other
Reason for admission to St. Elizabeth Briarbank:					
Unable to maintain independence at home		D/C from Hospital		D/C from Rehab	
Other:					
Current Diagnoses and History of Illness:					
<b>Current Medications (not Drug Orders):</b> _____					
_____					
_____					
_____					

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Family History:

Patient History	Yes	No	Patient History	Yes	No
Addictions			Headache/Migraine		
Allergies			Heart		
Arthritis			Hypertension		
Asthma			Intestinal Issues		
Bladder/Kidney			Lung Disease		
Bleeding			Overweight/Underweight		
Cancer			Psychiatric		
Depression			Skin		
Diabetes			Thyroid		
Digestive			Stroke		
Genetic Disease					
Gout					

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Overall General Condition:

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### LABORATORY AND X-RAY INFORMATION UPON ADMISSION TO ST. ELIZABETH BRIARBANK

Date of Chest X-Ray and Results: \_\_\_\_\_ (Evidence of TB Screening, i.e., chest x-ray within 12 months or TST upon admission)

Recent Lab Work \_\_\_\_\_

Hemoglobin (or hematocrit) \_\_\_\_\_

Urinalysis \_\_\_\_\_

ADDITIONAL COMMENTS:

PHYSICIAN SIGNATURE & DATE \_\_\_\_\_

END