

LLOYDMINSTER REGION HOUSING GROUP

**#107A, 3752 - 51 Avenue
Lloydminster, AB T9V 3M7
Phone (780) 875-9131
Fax (780) 875-1072**

SENIOR CITIZEN HOUSING MEDICAL INFORMATION

ATTENDING PHYSICIAN: This medical information form is required by the Lloydminster Region Housing Group in regard to all applicants seeking admission into self-contained senior citizens apartments. All information must be current within a six-month time frame.

The form is to supplement other information to determine if the applicant is physically able to look after himself/herself in a self-contained apartment type complex.

Any charge for the completion of this form is the responsibility of the applicant.

Once the applicant has signed the authorization do not return it to the applicant, but mail it directly to the above address.

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 the Lloydminster Region Housing Group or any authority acting on their behalf.

Date _____ Signature of Applicant _____

Witness _____

Name of Applicant _____

Address _____

Birthdate _____ Date of last contact with patient to substantiate this information _____

Is the applicant physically able to maintain himself/herself in a private self-contained apartment?

Yes _____ No _____

Please detail any medical information which you feel would be pertinent to the applicant's application for Senior citizen housing _____

Date _____ Physician's Signature _____

Please Print Name _____