SELF-STATED PERSONAL HEALTH HISTORY

History and Physical (H&P) documentation must be obtained from your physician and included with your application. The application is considered incomplete without the H&P information.

APPLICANT INFORMATION

1. Applicant Name _____

2. Estimate, in your own words, the condition of your health. _____

_____

3. Please list your current: Age _____ Weight _____ Height _____

4. Do you or have you ever had any of the following? (check all that apply)

[ ] Tuberculosis
[ ] Cancer
[ ] Substance Abuse/Alcoholism
[ ] Mental Illness
[ ] Heart Disease or History of Heart Attack
[ ] Stroke
[ ] Kidney Failure/Dialysis
[ ] Diabetes
[ ] Parkinson's or Other Neurological Disorders
[ ] Difficulty Breathing
[ ] Memory Difficulties
[ ] Difficulty Ambulating
[ ] Glaucoma or Macular Degeneration
[ ] Incontinence of Bowel or Bladder
[ ] Spinal Stenosis
[ ] Chronic Pain
[ ] Circulatory Problems or Swelling in Feet or Legs

Have you ever been hospitalized for any of the above? If so, please describe. _____

_____

_____

5. Do you use any of the following equipment?

[ ] Wheelchair
[ ] Walker
[ ] Cane
[ ] Power Chair/Scooter
[ ] Oxygen
[ ] Hoyer Lift
[ ] In Home Dialysis Equipment
[ ] Feeding Tube

6. Describe in detail any mental illnesses, memory loss or substance abuse/alcoholism you have experienced. Please specify diagnosis, date of onset, and current status.

_____

_____

7. Do you smoke? [ ] Yes [ ] No

Twin Lakes Community is a tobacco-free community. Use of tobacco products is strictly prohibited.

8. Describe any past surgical operations, serious illnesses or hospitalizations not previously mentioned. Please give dates and details. _____

_____

_____

9. Please describe any mobility limitations. _____

_____

_____

10. Do you require any assistance with:

[ ] Dressing [ ] Bathing [ ] Ambulating/Walking [ ] Meal Preparation [ ] Taking Medications

11. Do you drive? [ ] Yes [ ] No

12. Do you live independently? [ ] Yes [ ] No If no, please describe current arrangements. _____

_____

13. Please list your current primary care physician.

Name _____

Address _____

Phone _____

14. Do you see any specialty physicians? Please check all that apply.

[ ] Neurologist [ ] Psychotherapist/Psychiatrist [ ] Cardiologist [ ]Other

What conditions are you seeing these specialists for? _____

_____

_____

15. What are your current medications? _____

_____

_____

16. What medications, not listed in number 15, have you taken in the last year? _____

_____

_____

17. Please list any other pertinent health history or diagnosis not mentioned above. _____

_____

_____

18. Do you have any medical/personal care services you would be anticipating Twin Lakes Community to provide upon residency? If so, please describe. _____

_____

_____

The medical and personal information submitted by the applicant within this self-stated personal health history is a material part for determination of a contract agreement. Any misrepresentation or omissions are considered a breach of contract, permitting the contract to be declared null and void.

Date _____ Applicant Signature _____