

# St. John's Centre

## MEDICAL FORM

**This form must be fully completed by your Physician/Nurse Practitioner and returned to:  
St. John's Centre Telephone: (705) 749-0757 · Fax: (705) 749-5767**

*St. John's Centre is a non-smoking apartment building for seniors, 65 years and older, capable of independent living. The Centre is accessible and offers dining facilities and a range of in house services provided through it's Supportive Housing Program. Completion of this medical form is required to determine eligibility for tenancy.*

(PLEASE PRINT)

APPLICANT'S NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_

HEALTH CONDITIONS: (PLEASE PRINT) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Infectious Diseases: Yes  No  If yes, specify: \_\_\_\_\_

Evidence of Substance Abuse: Yes  No  If yes, specify: \_\_\_\_\_

**ST. JOHN'S CENTRE IS A SMOKE-FREE BUILDING** Smoker? Yes  No

**If the applicant/tenant has previously smoked, when did he/she quit?** \_\_\_\_\_

### COGNITIVE FUNCTION

Normal:  Impaired:  If impaired, specify: \_\_\_\_\_

### MOBILITY

Restrictions: \_\_\_\_\_

Assistive Devices Used: \_\_\_\_\_

**Please identify any difficulties with activities of daily living:** \_\_\_\_\_  
\_\_\_\_\_

**Date of last visit to Physician/Nurse Practitioner:** \_\_\_\_\_

Physician's/Nurse Practitioner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed