

Personal Health Assessment

This personal assessment is intended to give Kendal at Hanover a preliminary overview of your current health status. Please be advised, a more comprehensive review will be required, including updated forms and an on-site assessment, closer to admission.

Please note: if there is an appreciable change in your health, it could potentially affect your eligibility to enter Kendal, and/or the ability to sign a Life Care contract.

Name: _____ Date of Birth: _____, _____, _____
Month Day Year

How would you describe your health? Good Fair Poor

Balance/Body Control: Falls in the past 3 months Unsteady gait

Neurological/Psychiatric: Memory Issues Depression / Other: _____

Cardiac/Pulmonary: Chest pain Shortness of breath

Sleep Problems: Difficulty falling/staying asleep Sleeping too much

Other: Edema/swelling Dizziness/light-headedness

Pain/Pain Control: Not present/ no issue of pain Present-Intensity:
 Mild Moderate Severe
 Controlled adequately by a therapeutic regimen
 Controlled when the therapeutic regimen is followed, but the regimen is not always followed as ordered

Dates of most recent exams: Physical: _____ Vision: _____ Dental: _____

Activities of Daily Living (ADL's): **Are you independent in all ADL's** Yes No
(such as: bathing, dressing, medication management, etc.)
If no, please explain

Applicant signature

Date

I hereby certify that the information above is true and accurate to the best of my knowledge. With my prior consent, I understand that Kendal at Hanover reserves the right to request and obtain additional information regarding my health status. I also agree to report any major changes in my health status prior to admission.