



MEDICAL INFORMATION DOCUMENT

N.W.T. Community Services Corporation at Northern United Place provides housing to seniors and persons with a mobility disability that are able to live independently, without the need for daily professional care. Each applicant must have a physician or nurse practitioner complete this confidential form to confirm their eligibility.

Name of Physician or Nurse Practitioner	
Phone Number	
Email	

This form is being completed for:

Name	
Date of Birth	

ACTIVITIES OF DAILY LIVING

Can the client perform the following without help?

Activity	Yes, with ease	Yes, with difficulty	No, some help required	No, totally dependent
Bathing				
Dressing				
Grooming				
Oral Care				
Toileting				
Transferring				
Walking				

Activity	Yes, with ease	Yes, with difficulty	No, some help required	No, totally dependent
Eating				

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Can the client perform the following without help?

Activity	Yes, with ease	Yes, with difficulty	No, some help required	No, totally dependent
Use of a telephone/cell phone				
Shopping				
Food Preparation				
Housekeeping				
Laundry				
Transportation – either by their own car, taxi or public transportation				
Medications				
Financial Matters				

Other Comments / Information Required to determine if an apartment at Northern United Place is suitable for this applicant:

Signature

Date

We thank you for your time in completing this report.