



To Be Completed by the Physician (Please print):

Medical Report

Applicant's Name

Date of Birth

Your patient is applying to one of the residential buildings managed by Villa Charities Inc.: Caboto Terrace, Casa Del Zotto or Casa Abruzzo. The information you provide below will assist in assessing your patient's housing unit. It is essential that you are as specific as possible in your evaluation so that we can make a decision as to whether our accommodation meets your patient's current needs. Thank you for your assistance.

Diagnosis and Prognosis

How are the above health problems aggravated by your patient's present accommodation?

In your opinion, why will your patient's medical status be improved by alternate accommodation?

Will your patient need any special structures, (i.e elevator, grab bars, wheelchair access)?

I can verify that he/she/they is/are able to carry out the following essential activities of day-to-day living either independently or with some assistance:

**Essential Day-to-Day Activities:
Assistance**

Independently

With

Dressing/bathing

Preparing meals

Taking medication

Doing Laundry

Shopping for basic needs; food, clothing etc.

Tenant Obligations:

Comprehending the obligations of the lease

Cleaning the unit: removing garbage

Operating the stove safely

Paying monthly rent on time

Maintaining reasonably quiet in the unit

Physician's Certification:

I certify that this information represents my best judgment and is accurate to the best of my knowledge.

Signature Date Physician's Name Telephone Number

Release from Patient

I hereby authorize and direct you to release any medical information pertaining to my health as and when requested to: Caboto Terrace/Casa Del Zotto/Casa Abruzzo.

Patient's Signature Date

Notification: (Pursuant to the Freedom of Information and Privacy Act, 1987)