SETON VILLA

• Supportive Housing / Assisted Living

Dear Physician:

____________________ has applied for Supportive Housing at Seton Villa Retirement Centre. We are a not-for-profit housing provider for low income seniors. Our services include daily meals, weekly laundry and housekeeping, emergency call system, 24 hour security, cablevision and recreation programs. In order to ensure that Seton Villa is able to provide appropriate services to the above individual, your assistance in completing this form is requested. **Please be as detailed as possible with your responses.**

Medical Diagnosis: ____

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Please ☑ the following that applies and specify below:

☐ Mental Illness	☐ Substance abuse	☐ Wandering
☐ Depression	☐ Smoking	☐ Hoarding
☐ Anxiety	☐ Hallucinations	☐ Bed Bugs
☐ Anger	☐ Delirium	☐ Infectious diseases
☐ Abusive behaviour	☐ Delusions	☐ History of falls
☐ Alcoholism	☐ Sundowning	☐ Other

Please specify: ____

____

Medications: ____

____

Food/Drug Allergies: ______________________________________

____

Concerns/Comments: ______________________________________

____

Date: ________________________ Office Stamp:

Doctor's Billing #: ________________

Name: ________________________

Signature: ______________________

*Original copy to be submitted to Seton Villa Retirement Centre

3755 McGill Street, Burnaby, B.C. V5C 1M2
Phone: 604-291-0607 Fax: 604-291-1871
Email: info@setonvilla.com • Website: www.setonvilla.com

Action Line Housing Society