



WICKENBURG'S FULL-SERVICE
ACTIVE 55+ COMMUNITY
400 N. Jefferson St., Wickenburg, AZ 85390
Phone & Fax (928) 684-5925
www.myfathersretirementranch.com

Primary Care Physician Recommendations

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

One of your patients has expressed interest in our residential community. We would greatly appreciate your input as we consider the best options for the resident. The information you provide will enable us to make informed decisions regarding the accommodations, care, and service options needed. Please complete the following and fax to the number above. Thank you in advance for your assistance.

Leah C. Armstrong, Resident Care Manager

Permission

I, \_\_\_\_\_, hereby give my permission to release relevant information to My Father's Retirement Ranch for the purpose of considering me for residency at the Ranch.

Signature: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Please rate the following levels of care as to the appropriateness for this individual.

- Independent Living very/ somewhat/ inappropriate
Independent Living with Services very/ somewhat/ inappropriate
Assisted Living Residential Care very/ somewhat/ inappropriate
Nursing Care very/ somewhat/ inappropriate
Specialty Care Unit very/ somewhat/ inappropriate
(ie. memory care/ Alzheimer's/ dementia)

Does this patient have any violent tendencies? Yes( ) No( )

If yes, please explain. \_\_\_\_\_

Does this patient have any diseases detrimental to others? Yes( ) No( )

Please list any current diseases \_\_\_\_\_

Please list any chronic conditions \_\_\_\_\_

Explanation of recommendation: \_\_\_\_\_

Health Statement, detailed listing of residents' diagnosis: \_\_\_\_\_

Doctor's signature \_\_\_\_\_

Date \_\_\_\_\_