

**SAINT MARTHA MANOR  
470 MANOR AVENUE  
DOWNTOWN, PA 19335  
MEDICAL HISTORY & PHYSICAL EXAMINATION**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CURRENT HEALTH STATUS/DIAGNOSES: \_\_\_\_\_

CURRENT TREATMENT/MEDICATIONS: \_\_\_\_\_

PAST HISTORY: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN PROSPECTIVE RESIDENT? \_\_\_\_\_

DOES APPLICANT HAVE A HISTORY OF TB?  YES  NO IF SO, WHEN? \_\_\_\_\_  
HAS APPLICANT EVER RECEIVED PNEUMOVAX?  YES  NO IF SO, WHEN? \_\_\_\_\_

IS APPLICANT CAPABLE OF UNDERSTANDING RIGHTS/RESPONSIBILITIES?  YES  NO

RECENT HOSPITALIZATIONS: \_\_\_\_\_

**SYSTEMIC REVIEW:**

**H E E N T:** \_\_\_\_\_

RESPIRATORY: \_\_\_\_\_

CARDIO VASCULAR: \_\_\_\_\_

G.I.: \_\_\_\_\_

G.U.: \_\_\_\_\_

NEUROLOGIC - PSYCHIATRIC: \_\_\_\_\_

MUSCULO SKELETAL: \_\_\_\_\_

DERMATOLOGIC: \_\_\_\_\_

**APPLICANT USES:** (please check)

<input type="checkbox"/> WHEELCHAIR	<input type="checkbox"/> BEDRIDDEN	<input type="checkbox"/> COLOSTOMY	<input type="checkbox"/> CANE	<input type="checkbox"/> CRUTCHES
<input type="checkbox"/> PROSTHESES	<input type="checkbox"/> WALKER	<input type="checkbox"/> CHAIR	<input type="checkbox"/> RESTRAINT	<input type="checkbox"/> AMBULATORY
<input type="checkbox"/> URINARY CATHETER		<input type="checkbox"/> SIDE RAILS	<input type="checkbox"/> GERI CHAIR	<input type="checkbox"/> NONE

**COMMUNICATION ABILITY:** (please check)

CAN SPEAK  CAN WRITE  UNDERSTANDS SPEAKING  UNDERSTANDS WRITING  
 UNDERSTANDS GESTURES  UNDERSTANDS ENGLISH (IF NO, LANGUAGE SPOKEN \_\_\_\_\_)

**BEHAVIOR:** (please check)

ALCOHOLIC  BELLIGERENT  NOISY  COMBATIVE  SUSPICIOUS  WITHDRAWN  
 COOPERATIVE  UNCOOPERATIVE  WANDERS  RESISTIVE TO CARE

**MENTAL STATUS:** (please check)

ALERT  FORGETFUL  CONFUSED  DEPRESSED  CHEERFUL  AGITATED

DIET: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

PHYSICAL EXAMINATION: HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_

C V S: \_\_\_\_\_

PULMONARY: \_\_\_\_\_

CONTRACTURES: \_\_\_\_\_

NEUROLOGIC-PSYCHIATRIC: \_\_\_\_\_

LYMPHATIC: \_\_\_\_\_

PRESSURE SORES: \_\_\_\_\_

**STUDIES REQUIRED UPON APPLICATION:** OBTAINED WITHIN LAST 3 MONTHS, EXCEPT CHEST X-RAY - WITHIN LAST YEAR.

PLEASE SEND COPIES OF REPORTS.  CBC  UA  SMAC  ECG  CHEST X-RAY

**THIS PERSON MEETS THE REQUIREMENTS FOR:**

- INDEPENDENT LIVING - NEEDS NO NURSING SUPERVISION
- INTERMEDIATE CARE - NEEDS 24 HOUR SUPERVISION OF LPN TO COORDINATE HEALTH CARE
- SKILLED NURSING CARE - NEEDS 24 HOUR SERVICE OF A PROFESSIONAL NURSE TO COORDINATE HEALTH CARE

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF PHYSICIAN: (please print) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I HAVE COMPLETED THE PHYSICAL INFORMATION ON THE ABOVE NAMED PATIENT. THE INFORMATION IS ACCURATE AND CONTAINS THE DATA KNOWN TO BE AT THE TIME OF EXAMINATION. I HAVE NOT DELIBERATELY WITHHELD INFORMATION WITH THE INTENTION OF MISLEADING THE ADMISSION COMMITTEE.

PHYSICIAN SIGNATURE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_

**SAINT MARTHA MANOR/VILLA SAINT MARTHA**  
**VOLUNTEER APPLICATION**

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

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Work/Volunteer Experience: \_\_\_\_\_

Please list any Clubs or Organizations that you belong to: \_\_\_\_\_

Special Training, Interests, Hobbies: \_\_\_\_\_

Limitations that may affect your volunteer schedule (transportation, school, family, work)

**Days/Hours Of Availability:**

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Morning: \_\_\_\_\_      Afternoon: \_\_\_\_\_      Evening: \_\_\_\_\_

**Frequency Preferred:**

Weekly: \_\_\_\_\_      Twice Weekly \_\_\_\_\_      Monthly: \_\_\_\_\_

**Personal Reference:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

(Over)

Where do you wish to help: (Check preference)

1.  Assist with resident activities
2.  Library/Book cart
3.  Entertain residents (please list talent) \_\_\_\_\_
4.  One to one friendly visits
5.  Assist with evening or weekend Bingo
6.  Walking Club
7.  Deliver resident mail
8.  Clerical work
9.  Arts & Crafts
10.  Assist with outside trips
11.  Pet visits
12.  Garden programs
13.  Volunteer Feeding Assistant
14.  Distributing Holy Communion
15.  Rosary/Prayer Service
16.  Working with Dementia-Care residents
17.  Neighborhood Helper
18.  Gift Shop
19.  Decorating (seasonal)
20.  Special Events
21.  Assist with Happy Hour

Other \_\_\_\_\_

Reason for volunteering: Community Service \_\_\_\_\_ # of Hours \_\_\_\_\_

Please explain: \_\_\_\_\_

School Assignment/Project: \_\_\_\_\_ # of Hours \_\_\_\_\_

Please explain: \_\_\_\_\_

Other: (please explain your goal for volunteering) \_\_\_\_\_

Have you ever been convicted of a crime, felony or abuse? Yes\_\_\_ No\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
Signature

