ARIZONA STATE VETERAN HOME-PHOENIX
PHYSICIAN STATEMENT

The following is to be completed and signed by the applicant's physician:

1 Name of resident:_____ DOB:_____

2. Is the resident capable of caring for him/herself? ☐ YES ☐ NO

3. Is a skilled nursing facility the appropriate living environment for the resident?
☐ YES ☐ NO If no, please explain:_____
_____

4. Resident's current diagnoses:_____
_____
_____

5. Resident's current medications:_____
_____
_____

6. Are any special treatments or therapies required to care for resident? ☐ YES ☐ NO
If yes, please explain:_____

7. Could this resident be considered to be a danger to self or to others? ☐ YES ☐ NO
If yes, please explain:_____
_____

8. Has the resident had a Mantoux TB skin test done within the past 3 months?
☐ YES ☐ NO If yes, please attach copy of the results. NOTE: All residents must have had a current TB skin test reading and have submitted it to the Arizona State Veteran Home prior to admission to the facility.

9. Has this person had Pneumovax 23? ☐ YES ☐ NO Date:_____
Has this person had Pneumovax 14? ☐ YES ☐ NO Date:_____

10. If the resident is admitted to the Arizona State Veteran Home will you be the attending physician? ☐ YES ☐ NO

11. PLEASE PRINT your entire name, address, and telephone number below:
_____
_____
_____
_____

_____ _____
Physician Signature Date