



6. Mental Condition:

- Normal
- Confusion/Forgetfulness
- Other

7. Physical Condition:

- |                |                          |        |                          |          |
|----------------|--------------------------|--------|--------------------------|----------|
| <b>Speech</b>  | <input type="checkbox"/> | Normal | <input type="checkbox"/> | Impaired |
| <b>Vision</b>  | <input type="checkbox"/> | Normal | <input type="checkbox"/> | Impaired |
| <b>Glasses</b> | <input type="checkbox"/> | Yes    | <input type="checkbox"/> | No       |
| <b>Hearing</b> | <input type="checkbox"/> | Normal | <input type="checkbox"/> | Impaired |

Other:

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Mobility:

- Independent     Walking Aid     Wheel chair

8. Is there any other pertinent information you feel we should know regarding the applicant?

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9. Is the applicant capable of maintaining a self-contained apartment?  Yes  No

**Complete & Return to:**

Mountain View Seniors' Housing  
Attention: Housing Coordinator  
#401, 5314 – 50 Street  
Olds, AB T4H 1N6

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**Signature of Physician:**

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**Examining Physician**  
(Please Print)