

Heading:

- Medical Evaluation for Nursing Facility Admission

Patient Information:

- Patient: [Full Name] ([Date of Birth])
- Physician: Dr. [Doctor's Name] ([Registration Number])

Summary:

- I have examined [Patient Name] on [Date of Examination].
- [Patient Name] has a history of [briefly list main medical conditions].
- Current medications: [brief list].
- Functional abilities: [brief description of mobility, ADLs, assistive devices needed].
- Mental status: [brief description of cognition and ability to follow instructions].

Recommendation:

- [Patient Name] is [medically suitable/unsuitable] for admission to a nursing facility at the level of [skilled nursing/assisted living/specify].
- [Optional: Briefly mention specific needs the facility should be aware of.]

Validity:

- This certificate is valid for [validity period].

Signature:

- Dr. [Doctor's Name]
- Signature & Stamp