



MEDICAL INFORMATION REQUEST FORM

(Please submit this form to your doctor.)

Dear Doctor,

Your Patient _____ has applied for residency at 75 State Street in the:

Independent Senior Living Program

OR

Assisted Living (Residential Care) Program

Processing their application for residency at 75 State Street is dependent on receiving an updated History and Physical Report which includes their: medical history, current diagnosis and treatments, and a medication list. Please submit the following information by mail, email, or fax to:

Lauren Webster
Marketing and Admissions Director
75 State Street
Portland, Maine 04101
Fax: 207-618-8775
Email: Webster@75StateStreet.org
Phone: 207-775-7775

Applicant's Authorization

To (physician's name) : _____

I hereby authorize the above-named physician to release requested medical information to 75 State Street. I understand that this information will be used for the purpose of determining eligibility for residency, suitability of unit-assignment, and the coordination of appropriate services.

Applicant's Signature: _____

Date of Birth: _____

Date: _____

