MISSISSIPPI STATE VETERANS HOME

310 Autumn Ridge Dr.
Kosciusko, Mississippi 39090

STATEMENT OF ATTENDING PHYSICIAN FORM

Veteran's name: _____

Veteran's claim #: _____

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Guardian's name: _____

Relationship to veteran: _____

Guardian's address: _____

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Patient's current symptoms and complaints

Diagnosis of patient's disabilities:

1. _____ Severity _____
2. _____ Severity _____
3. _____ Severity _____
4. _____ Severity _____
5. _____ Severity _____

How often and under what circumstance does patient leave home or premises?

_____

_____

_____

_____

What aids are required for locomotion or movement?:

☐Cane ☐Walker ☐Braces
☐Wheel Chair ☐Crutches ☐Lift Chair/Sling

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1. Is patient bedridden? _____
2. Is patient blind? _____
3. Is there loss of anal sphincter control? _____
4. Is there loss of bladder sphincter control? _____
5. Can patient walk and get around without assistance? _____

6. Can patient dress and undress without assistance?_____
7. Can patient use the bath/toilet without assistance? _____
8. Can patient wash and keep him/herself clean & presentable?_____
9. Can patient feed him/herself without assistance? _____
10. Can patient protect him/herself from the hazards of life? _____

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Is patient in a nursing home?_____

If so, what level of care?
- ☐ Personal Care
- ☐ Intermediate Care
- ☐ Skilled

Name of nursing home:_____

Address: _____

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Physician's Signature:_____ Date:_____

Address of Physician: _____