

This form is to be completed by the  
applicant's own doctor

Patients Name:		Date of Birth:	
Address:			
	Postcode:		

## PRIVATE & CONFIDENTIAL

Dear Doctor,

The above named patient has applied for admission to Nightingale Hammerson residential and nursing home. In order that we can safely look after him/her, we need you to send us some information about his/her medical history.

If possible, please send a complete computer summary printout. **If a computer summary is not available and/or incomplete, then please list:**

DATE OF ONSET	SIGNIFICANT MEDICAL PROBLEMS	DATE OF ONSET	SIGNIFICANT MEDICAL PROBLEMS

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CURRENT MEDICATION	DATE	CURRENT MEDICATION	DATE

Recorded drug allergies or intolerance

Allergies to furry or hairy animals

What are the main medical and/or social issues which now necessitate care in a residential or nursing home setting?

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MOBILITY		
Is the applicant able to mobilise?		
unaided <input type="checkbox"/>	with the assistance of one other <input type="checkbox"/>	with the assistance of two others <input type="checkbox"/>
Does the applicant have any walking aids?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the applicant use a wheelchair?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Any other background information it would be helpful for us to know

**In the interests of patient safety, he/she will not be admitted to Nightingale Hammerson until we have your medical report.**

GP Signature..... Date: ..... <b>GP Stamp</b>
Name of GP: .....
Address: .....
.....
Tel: .....Email: .....

**Forms for both homes should be returned to:**

**Residents Services**  
 Nightingale Hammerson  
 105 Nightingale Lane London SW12 8NB  
 Tel: 020 8673 3495  
 residentservices@nightingalehammerson.org