



## PRIVATE & CONFIDENTIAL

*This form is to be completed by the applicant's own doctor and returned to Residential Services at the above address.*

Name:	Date of birth
Address	

Dear Doctor

A patient of yours is due to be admitted to Nightingale, a 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 or will be incomplete, then please list:-**

Date of onset	Significant medical problems	Date of onset	Significant medical problems

Current medication	Dose	Current medication	Dose

Recorded drug allergies. or intolerance:
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1. What are the main medical and/or social issues which now necessitate care in a residential or nursing home setting?

2. 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 until we have your medical report:***

Yours sincerely

Dr Patrick Bower

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The Nightingale Practice

Dr Brian Aarons  
Dr Patrick Bower  
Dr Michael Lasserson  
Dr Laurence Nathan  
Dr Joanna Smail

GP Signature..... Date .....

Name of GP ..... GP/Practice stamp

Address .....

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Tel No .....