

Hospital Medical Report

This form is to be completed by the patient's hospital doctor

Private & Confidential

Patient's Name		Date of birth
Ward	Hospital	Consultant

Dear Doctor

The above patient, who is currently an in-patient under your care, is due to be admitted to one of our care homes. In order that we can safely look after him/her, we need you to send us information about his/her medical history.

Please can you send a discharge summary, including the following information:

When were they admitted to your hospital?
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Reason for admission and medical diagnosis

Past medical history (if known)
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Progress on ward

Current clinical condition

Prognosis and prospects for rehabilitation

Relevant laboratory results, x-rays etc

Current medication

Arrangements to follow up

Your name

Your bleep no/Phone no

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

Doctor's Signature..... Date: Hospital Stamp

Name of Doctor

Hospital

Tel:

Email:.....

Please return this form to:
Residents Services,
Nightingale Hammerson, 105 Nightingale Lane, London SW12 8NB
Tel 020 8673 3495 Fax 020 8675 2258
Nightingale Hammerson – Registered Charity 207316

