

105 Nightingale Lane, London SW12 8NB Tel: 020 8673 3495 F: 020 8675 2258 Reg Charity 207316

**Private & Confidential**

This form is to be completed by the hospital's own doctor and returned to Residents Services at the above address.

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 Nightingale, a residential and nursing home. 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?**

**Reason for admission and medical diagnosis**

**Past medical history (if known)**

**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**

<b>Signed</b>	<b>Date</b>
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**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 Patrick Bower  
Dr Laurence Nathan  
Dr Shilts Shah  
Dr Marietta Swann

Doctor's Signature.....	Date: .....
Name of Doctor .....	
Hospital .....	
Tel: .....	
Email: .....	
Hospital stamp	