

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 applicant's own doctor and returned to Residents 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	Date	Current medication	Date

<b>Recorded drug allergies or intolerance</b>

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

**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

\_\_\_\_\_

The Nightingale Practice

Dr Patrick Bower  
Dr Laurence Nathan  
Dr Shilts Shah  
Dr Marietta Swann

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

Name of GP: .....

Address: .....

.....

.....

Tel: .....

Email: .....

Practice Stamp