

## 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?**

**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**

**Signed**

**Date**

**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**