

Hospital Medical Report

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

Private & Confidential

|  |  |  |  |
| --- | --- | --- | --- |
| Patient’s Name : hashem | | | Email : hashem@gmail.com |
|  | Hospital : FCAI HOSPITAL |  | |

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?  
  
When were they admitted to your hospital?

- Reason for admission and medical diagnosis  
  
Reason for admission and medical diagnosis

- Past medical history (if known)  
  
Past medical history (if known)

- Progress on ward  
  
Progress on ward

- Current clinical condition  
  
Current clinical condition

- Prognosis and prospects for rehabilitation  
  
Prognosis and prospects for rehabilitation

- Relevant laboratory results, x-rays etc  
  
Relevant laboratory results, x-rays etc

- Current medication  
  
Current medication

- Arrangements to follow up  
  
Arrangements to follow up

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**

Jan 2015