

## 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:**

|  |
|--|
| <b>When were they admitted to your hospital?</b> |
|--|

|   |
|---|
| <b>Reason for admission and medical diagnosis</b> |
|---|

|  |
|--|
| <b>Past medical history (if known)</b> |
|--|

|                         |
|-------------------------|
| <b>Progress on ward</b> |
|-------------------------|

|                                   |
|-----------------------------------|
| <b>Current clinical condition</b> |
|-----------------------------------|

**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> |
|---------------|-------------|

**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

