

PRIVATE & CONFIDENTIAL

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

Re:	Date of birth
Ward	Consultant

Dear Doctor

The above patient, who is currently an inpatient 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:

1. When were they admitted to your hospital?
2. Reason for admission and medical diagnoses
3. Past medical history (if known)
4. Progress on the ward
5. Current clinical condition

6. Prognosis and prospects for rehabilitation

7. Relevant laboratory results, x-rays, etc

8. Current medication

9. Arrangements for follow up

10. Your name

11. Bleep No/Phone No

12. Signed	Date
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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

The Nightingale Practice
Dr Brian Aarons
Dr Patrick Bower
Dr Michael Lasserson
Dr Laurence Nathan
Dr Joanna Smail

Doctor's Signature.....	Date
Name of Doctor.....	Hospital stamp
Hospital	
.....	
Tel No	