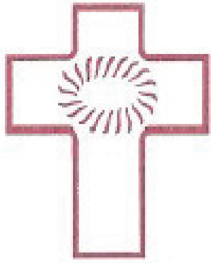

ST.WILFRID'S

29 Tite Street, Chelsea, London SW3 4JX *Telephone: 0207 351 5339 Fax: 0207 376 5539*

Medical Certificate For Applicants

Doctors are required to complete this form in order to assist us in determining the level of care required by your patient.

Applicants Name:- ……………………………………………….

Applicants Address:- ………………………………………………
……………………………………………………………………...
……………………………………………………………………...
……………………………………………………………………...

For how long have you known Him/Her?..
When did you last attend Him/Her?..

Past Medical History:-

Please list details of the following: -
……………………………………………………………….....
……………………………………………………………………..
……………………………………………………………………..

Any Surgical Procedures:…………………………………………
………………………………………………………………….....
……………………………………………………………………..
……………………………………………………………………..

Any Mental Health Disorders:……………………………………
…………………………………………………………………….
…………………………………………………………………….
…………………………………………………………………….
…………………………………………………………………….

The Congregation of the Daughters of the Cross of Liege – A registered charity and a company limited by guarantee (No. 3492921), registered in England (No. 1068661) at 29 Tite Street, London SW3 4JX.

Present Medical Conditions:

Condition	**No**	**Yes-Please give details**
Neurology –		
Strokes/Trans eschaemic attacks		
Parkinson’s disease		
Motor neurone disease Multiple sclerosis		
Epilepsy		
Mental Health -		
Depression		
Mania		
Schizophrenia		
Dementia - mild		
- moderate		
- severe		
Personality/behavioural		
agitation		
Aggression - verbal		
- physical		
Diabetes		
Insulin Dependant		
Tablet Dependant		
Diet Dependant		
Cardiac -		
Hypertension		
Hypotension		
Angina		
Congestive Cardiac Failure		
Arrhythymia		
Airways Disorder -		
Chronic obstructive airways disease		
Asthma		
Emphysema		
Bronchitis		
Tuberculosis		
Skin -		
MRSA status negative		
Positive		
Allergies		
Eczema		
Blood Disorders –		
Clotting problems		
Anaemia		
LEukhaemia/Lymphoma		
Vitamin deficiency		

Present Medical Conditions Continued

Mobility Disorders -		
Rhematoid Arthritis		
Osteoporosis		
Pain		
Reduced mobility		
Renal Failure -		
Liver Failure -		
Alchohol abuse		
Elimination –		
Incontinent of urine		
Incontinent of faeces		
Constipation		
Indwelling catheter		
Prostate disorder		
Gastro-Intestinal Disorders-		
Diverticulitis		
Oesophageal reflux		
Crohn’s Desease		
Duodenal ulcer		
Haemorrhoids		
Eyes -		
Glaucoma		
Cataracts		

Further Information –

Please attach a current copy of his/her prescription renewal.

Are any other services involved in the care of this lady/gentleman:-

Physiotherapy Yes/No
Occupational Therapy Yes/No
District Nurses Yes/No
Dietician Yes/No
Speech and Language Therapy Yes/No

Would you be prepared to continue providing medical care (i.e. prescribing and routine visits).

a) For the period of his/her trial stay?
b) For the long term?

All information that you provide for us is treated with strict confidence.

Signature ………………………

Printed Name……………………………

Address ………………………………… (Practice Stamp where possible)
………………………………..
…………………………………
………………………………..
………………………………..

Tel No: …………………………….

Fax. No:……………………………

Please return this form when completed to:

The Administrator/Care Manager
St Wilfrid's Residential Care Home
29 Tite Street
Chelsea, London
SW3 4JX