



ROYAL ALFRED SEAFARERS' SOCIETY
WESTON ACRES
WOODMANSTERNE LANE
BANSTEAD
SURREY
SM7 3HB

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Registered Charity No. 209776

admin@royalalfred.org.uk or

admin.belvederehouse@nhs.net

Chief Executive: Commander B.P. Boxall-Hunt

Honorary Medical Officer: Dr L.A. Nathan

**APPLICATION FOR ADMISSION TO A
NURSING HOME OR SHELTERED HOUSING**

CONFIDENTIAL MEDICAL REPORT

TO BE COMPLETED BY APPLICANT

**I consent to the information contained in this report being supplied to
The Royal Alfred Seafarers' Society**

Signed (applicant)..... Date

TO BE COMPLETED BY APPLICANT'S DOCTOR

SURNAME OTHER NAMES

ADDRESS

..... DATE OF BIRTH

1. Does he/she suffer from any disease or illness? If so, what?
2. What are the current medical problems?.....
3. Does he/she require any nursing/medical care and attention?
4. Is he/she incontinent of: a) bowel?
b) bladder?
5. Is he/she mentally confused?
6. Has he/she any history of a nervous disorder, anxiety or depressive state?
7. Has he/she any history of violent or aggressive behaviour and, if so, please give
brief details and state how it is/was controlled
8. Has he/she any physical deformities of upper or lower limbs?
9. Has he/she ever suffered from T.B, MRSA, or any other infectious disease?
10. Is his/her sight or hearing defective?.....

/continued

11. Does he/she require any special diet?
12. Has he/she any difficulty in negotiating stairs?
13. Weight/Height
14. Give details of past medical history
.....
.....
15. Current drugs (if any)
.....
.....
16. Has your patient ever suffered from alcoholism?
17. If so, has he/she received any treatment?
18. Is he/she in your opinion suitable for admission to: a) NursingCare
(please specify) b) Sheltered Housing

If there are any particular/general observations to be made besides those listed above, please enter these here:

.....
.....
.....
.....

PLEASE ATTACH MEDICAL SUMMARY OF PATIENT

Signature of Medical Practitioner Name
[BLOCK LETTERS]
Address
..... Date Examined
Name of GP if not the above Tel.....
Address

PATIENTS BEING DISCHARGED FROM HOSPITAL

Please ensure that a copy of the Discharge Summary accompanies the patient

FOR OFFICE USE

I have read the above medical report and consider the applicant *fit / *unfit for admission
(*Please delete as appropriate)

SignedHonorary Medical Officer

Date.....

ALL QUESTIONS MUST BE COMPLETED BEFORE THE APPLICATION CAN BE CONSIDERED