Almshouse Application

**MEDICAL INFORMATION FORM**

# To be completed by the applicant’s GP

Name (in full) Mr/Mrs/Ms/Miss

Address (in full)

Postcode Date of Birth

Is the above patient: (Please circle as appropriate)

|  |  |  |
| --- | --- | --- |
| Physically disabled | YES | NO |
| Visually Impaired | YES | NO |
| Hard of hearing | YES | NO |
| Suffering from memory loss | YES | NO |
| Prone to falls/trips | YES | NO |

If yes to any of the above please give details:

Are there any other health concerns that you feel we should be aware of?

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# Please list any hospital admissions within the last 5 years

|  |  |  |  |
| --- | --- | --- | --- |
| HOSPITAL | REASON FOR ADMISSION | DATES | LENGTH OF STAY |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Do you consider that the patient could live independently for the next 5 years? YES NO Please could you attach a list of the patient’s medication.

Doctor’s name: Doctor’s signature: Date:

Practice stamp:

# NOTE TO GP: Please return this completed form to the applicant to send into Hammersmith

**United Charities with their application for sheltered accommodation.**

Data Protection statement:

It is part of the trustees’ responsibilities to ensure that applicants for almshouses are suitably qualified under the terms of the Charity’s governing document. Trustees therefore need to investigate the personal circumstances of applicants. If the application for accommodation is successful, the personal data supplied on this form and other information relating to an almshouse appointment will be held on file for the duration of the appointment as a resident and for two further years. Some details may be checked with relevant organisations, but none will be disclosed for any inappropriate purpose.

If the application is unsuccessful, the application form and all other personal data supplied will be destroyed.