

Please forward this form to your own GP and ask him/her to complete the questionnaire and return it to you, by hand/for collection. It must then be forwarded to Abbeyfield's Application Secretary who will then, if considered necessary, arrange a medical assessment.

To: Doctor ……………

Address:

I have made an application to enter an Abbeyfield House (see [www.abbeyfielddulwich.com](http://www.abbeyfielddulwich.com) for further information on the sheltered housing they provide) and consent to your supplying any information concerning my general state of health, physical and mental condition, as required by the Society. Will you please complete the attached form and return it to me as soon as possible, in a sealed envelope, so that I may forward it, with my application form, to the Society for registration.

APPLICANT'S NAME........................................................................................................................

SIGNATURE........................................................................................................................................

APPLICANT ADDRESS......................................................................................................................

TELEPHONE NO.............................................................................................................................

DATE...................................................................................................................................................

*Note to Applicant's Doctor from Abbeyfield Dulwich*

*The fact that an applicant may be suffering to some degree will not necessarily exclude him/her from being considered. The family doctor is asked to note that Abbeyfield housing does not include the services of a trained nurse and the only form of medical attention possible is that of normal home nursing. Abbeyfield Dulwich is a small friendly home-from-home where residents eat and socialise together so any mental health problems that could be an issue here should be raised . There is no requirement for you to give the applicant a formal medical examination in order to complete the form.*

**IN CONFIDENCE**

Applicant Name

Address

Date of birth

Marital status

# General

Can the applicant perform the following unaided?

Climb stairs yes/no

Bath, wash & dress yes/no

Feed themselves yes/no

Has the applicant had the following vaccinations and if so, when?

Tetanus

Influenza

Pneumococcal

Does the applicant smoke?

Does the applicant take recreational drugs?

Does the applicant consume alcohol and if so, with what frequency and in what quantity?

What is the applicant's current medication and when was it last reviewed?

# Functional assessment

Have you assessed the applicant's activities of daily living using the Barthel Index and if so, when and with what result?

Have you carried out a Falls assessment/ Timed Up and Go Test, checking balance and mobility and if so, when and with what result?

# Physical assessment

Please give details of degree of disorder

 Vision Abnormality - Date of last eyesight check / aids used / treatment required / operation undergone or necessary / need to attend hospital appointments

Hearing Abnormality – Date of last hearing check / hearing aids used / treatment required / need to attend hospital appointments

Urinary Function – Operations/treatment/incontinence – and how managed

Digestive Function Abnormality – treatment given or required

Disease of Joints or Muscles – does it affect mobility? have walking or other aids been prescribed?

Dermatological condition or Ulceration – treatment given or required

# Mental health assessment

When did the applicant last undergo a Mini-Mental State Examination and with what result?

Does the applicant suffer from depression or anxiety?

Does the applicant suffer from memory loss, and if so to what extent?

ANY OTHER COMMENTS