



Medical Information Form to GP

(To be completed by GP)

John Bowley and Sherwood Almshouses

Person to whom this form relates: (d.o.b.)

This form relates to the above person's application to John Bowley and Sherwood Almshouses (1143234) that provides accommodation for persons who are able to live independently. The Charity provides residents purely with a dwelling to live in. It is not sheltered housing, there are no support workers, and the Charity does not provide any personal care or assistance with the activities of daily living. The Charity would be extremely grateful if you could assist us by completing this form.

Please tick the statements below as appropriate, on the basis of the medical information about the person which is available to you.

Place tick in this column:	
	A. The person named above is capable of independent living as at the date of signing this form.
	B. There is no reason other than the possibility of future age-associated changes to suspect that the person might cease to be capable of independent living in the future.
	C. The person has no known history of hoarding behaviour, neglect of their living accommodation to the point of squalor, or self-neglect.
	D. The person does not suffer from any current chronic medical conditions which are likely to have a significant impact in the immediate or short term on his or her ability to live independently and carry out normal activities of daily living.
	E. I do not feel able to tick all of the statements above, and my reasons are as follows (please insert reasons here):

Print Doctor's name:

Doctor's signature:

Date of signature:

Insert surgery stamp here: