

The Finchley Charities



41a Wilmot Close, East Finchley, London N2 8HP

Tel: 020 8346 9464 Fax: 020 8346 9466

(Office Hours – 9 am – 5pm – Answer-phone after hours)

Clerk: Peter Dufton FCA
Manager: Mrs Jean Field
Welfare: Ms Amanda Peters

DATA PROTECTION ACT 1998

The Finchley Charities comply with the Data Protection Act 1998 and will only use any of your personal data for its own administration and management purposes. By signing this form you are giving your consent to any such processes.

MEDICAL INFORMATION

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

Second Applicant (if applicable) Mr/Mrs/Ms/Miss

Address (in full)

.....

Postcode

Is the above patient: (Please circle as appropriate)

Physically disabled YES NO

Visually Impaired YES NO

Hard of hearing 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?

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

Please list any hospital admissions within the last 5 years

HOSPITAL	REASON FOR ADMISSION	DATES	LENGTH OF STAY

Is the patient prone to falls? YES NO

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.

Doctors name

Doctor signature

Date

Practice stamp:

Registered Charity No. 206621