

MEDICAL DETAILS

24 Avenue Road, Glynde SA 5070

Phone: 8337 0488

Fax: 8337 8634

PLEASE COMPLETE THE APPLICANTS NAME AND ADDRESS AND 'PERMISSION TO GAIN INFORMATION' SECTION BELOW AND THEN PROVIDE THIS FORM TO THE APPLICANT'S GENERAL PRACTITIONER FOR COMPLETION, AND THEN RETURN THE COMPLETED FORM TO US.

Dear Doctor

(Name of applicant) _____

of (address) _____

_____ has applied for accommodation at LHI Retirement

Services and we seek your assistance to expedite this process. **Thank you.**

PERMISSION TO GAIN INFORMATION FROM DOCTOR

I wish you to release information about my medical status to LHI Retirement Services staff for the purpose of gaining admission into their Aged Care Facility.

Signature _____ Date ____/____/____

DOCTORS NAME _____

SURGERY ADDRESS

 _____ Postcode _____

Phone _____ Fax _____ Email: _____

HISTORY AND CURRENT DIAGNOSIS

