

MEDICAL REPORT

PART 2

(Please Print All Information Clearly)

NAME

D.O.B.

/ /

It is essential when completing this report that the answers to all the questions should contain all available information. Any mental health problem or challenging behaviour must be stated. Failure to give these pertinent details may result in the applicant not being considered or accepted at a later stage of the process.

1. What is his / her present & general state of health?
(Physical, Psychological, Mental)

Dates of any significant illnesses, operations, diagnoses, prognoses:

2. Does he / she suffer from

a) Epilepsy? YES / NO

If yes, please give details:

Last EEG or specialist opinion:

b) Diabetes? YES / NO

If yes, how this is controlled, e.g. insulin, medication, diet:

c) Incontinence?

i. Bladder YES / NO

ii. Bowel YES / NO

If yes, please give details:

3. Does he / she have any eyesight problems?

YES / NO

(Registered P/S or Blind, Registration Numbers, Date of Registration)

If yes, please give details and date of last test and the result:

4. Does he / she have any communicable disease? YES / NO

If yes, please give details:

5. Has he / she any physical impairment? YES / NO
(Co-ordination, agility, dexterity)
If yes, please give details:

6. Does he / she have any known allergies? YES / NO
If yes, please give details, including reaction, symptoms.
a) Drugs:
b) Foods:
c) Environmental:
d) Other:

Does he / she use an inhaler YES / NO

7. Does he / she have any other disabilities? YES / NO
If yes, please give details:

8. Is he / she medically fit to take part in all common forms of physical exercise? YES / NO
If no, what should be avoided?

9. In the applicant's personal relationships, are there any known concerns of a sexual nature? YES / NO
If yes, please give details:

10. Has there been any evidence of aggressive behaviour? YES / NO
If yes, please give details:

11. Has there been any self-harm? YES / NO
If yes, please give details:
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12. Are there any recommendations regarding the applicant's personal relationships which may assist Hayfield in their development work:
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13. Please state any further details concerning the applicant, about which you think Hayfield should be informed:
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14. Are there any other professionals involved? YES / NO
(CPN, Physiotherapist, etc.)
If yes, please give details:
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I certify that I have, this day, examined the person named herein and that in my opinion the particulars declared are a true assessment of the applicant's general condition of health.

Date : / /

Signed :

Name [Block Capitals] :

Qualification :

Address :

:
:
:
:
:

Post Code :

Telephone Number :

Name of the Applicant's General Practitioner – if different from above

Name [Block Capitals] :

Address :

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:
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:

Post Code :

Telephone Number :
