

PERMANENT APPLICATION NO.: \_\_\_\_\_

**NEWARK CARE**  
32 BURNFIELD ROAD, GLASGOW, G46 7PZ  
Telephone: 0141-621-2560

**MEDICAL CERTIFICATE**

BLOCK CAPITALS PLEASE

Name (Mr/Mrs/Miss) ..... Date of Birth ( / / ) Age .....

Home Address .....  
.....

General Practitioner .....

Surgery Address .....

If not currently at home, give present address .....  
.....

Name of Hospital Consultant (if applicable) .....

CURRENT MEDICAL ISSUES/CURRENT MEDICATION .....  
.....

PREVIOUS MEDICAL HISTORY .....  
.....

REASON FOR APPLICATION .....  
.....

**MENTAL AND PHYSICAL CONDITION**  
PLEASE TICK APPROPRIATE BOXES

	YES	NO
CONFUSION		
DEPRESSION		
APATHY		
AGITATION		
WALK AID		
BEDBOUND		
DRESS INDEPENDENTLY		
TOILET INDEPENDENTLY		

	YES	NO
INCONTINENT OF URINE		
INCONTINENT OF FAECES		
SPEECH DISORDER		
HEARING DIFFICULTY		
POOR EYESIGHT		
REGISTERED BLIND		
DYSPNOEA ON EFFORT		
SPECIAL DIET REQUIRED*		

\* If yes, please specify

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ADDITIONAL COMMENTS AND KNOWN ALLERGIES .....

Signed .....

Position .....