

Admission/Change of Circumstance Notification

Please complete notification within 48 hours of ANY change in circumstance (including notification to us of new NURSING PATIENT admissions).

To be completed in block capitals and returned to:

Continuing Healthcare Team, Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG

Nursing Home/address

Name Of Client

Date of Birth

NHS Number

GP (Please state name & address)

Please indicate change and date

New Admissions

New Admission to Nursing Home Date _____

If admitted from Hospital Name of Hospital _____

Changes

Change in condition Date _____

Request for re-assessment Date _____

Transfers

Admission to hospital Date _____

Return from hospital Date _____

Discharged to other Date _____

Please specify (Home, Nursing Home, Rest Home) : _____

If Nursing Home- please give name _____

Change to registered GP Date _____

(Please state name & address)

Death Date _____

Type of Funding

Change in client's funding Self-Funding

Local Authority Funding Continuing Healthcare Funded

Name of Local Authority _____

I can confirm that to the best of my knowledge, there have been no other notifiable changes to the circumstances of the client since the last notification dated _____

Full Name _____ Designation _____

Signature _____ Date _____