**Appendix D**

**Model Hospital Admissions Letter**

**Dear .......**

I understand Mr/Mrs ............................ has been admitted to your ward. S/he has been a resident of

.............................Charity for ..................... years and I have known him/her for ............. years.

...............Charity is a sheltered housing scheme.\*\* There is/is no Warden on site. As we do not provide round the clock cover or any staff with nursing training, we are not able to undertake nursing duties nor provide personal care or meals on a regular basis. It is therefore very important that we know when Mr/Mrs ........................ is expected to be discharged from hospital so that any necessary support from social services or the local medical centre can be arranged in advance.

At the time of admission s/he was (use the most appropriate phrase(s))

* completely independent
* supported by home help
* supported by meals on wheels
* supported by district nurse
* has required help with ............................

His/her general health (use appropriate phrase, with added information as necessary)

* has been good
* has been fair apart from ...................
* has been poor, owing to ................

S/he has been (use appropriate phrase)

* mentally entirely clear and takes a lively interest in life
* showing signs of becoming forgetful and less able to look after him/herself
* diagnosed as suffering from dementia.

His/her present illness started on ................ when ..............................

It might also help you to know that ..............................

I will be very glad to provide any further information that might help you and can be contacted on ..................... (tel no) between .............. and ...................

Yours sincerely,

\*\* INSERT IF APPROPRIATE: Please note ‘Hospital’ in the charity name dates from the time when hospital meant ‘lodging house’. The charity has no medical or nursing staff.