

CONFIDENTIAL

I give consent to my Doctor to complete the sheet below.

Signature Date

<p style="text-align: center;">DOCTOR'S STATEMENT IN SUPPORT OF APPLICATION FOR HOUSING FOR THE ELDERLY</p>
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Return direct to : Community Services Officer
Rotorua District Council
Private Bag 3029
Rotorua Mail Centre

Phone 348 4199

The information contained in this form is requested for the sole purpose of determining whether the applicant should be granted a tenancy in a Rotorua District Council Older Persons Unit and will not be used for any other purposes.

Patients Name DOB

Address

Length of time as your patient

PAST / PRESENT MEDICAL HISTORY

Has the patient suffered from or suffering from any of the following (Please give full details)

Stroke

Heart Disease / conditions

Respiratory disease

Psychiatric / nervous disorders

Arthritis

Osteoporosis

Diabetes

Alcoholism

Other

Further comments :

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Please comment on:

The applicants physical and mental ability to cope on his / her own

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The applicants current degree of mobility

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Applicants suitability for high density living. Please confirm that a placement would not lead to disturbance or friction with others.

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Are there any conditions that you are aware of that could affect this applicants ability to live alone (this could include heavy drinking, violent or threatening behaviour towards other)

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Applicants mental condition

.....
.....

Are support Services Required YES / NO

How often

	Current	Needed
District Nurse		
Psychiatric Support		
Home Care-Givers		
Meals on Wheels		
Home Help		
Other		

Please indicate if the applicant is a Smoker Non-Smoker

Doctors Name Telephone

Practice Name and Address

Signature Date