



SCH Patient Summary Template

(to be completed by your GP Consultant or Other Medical Professional)

Patient's Name: _____

Date of Birth: _____

Address: _____

(If the person with the medical condition is different from the applicant, e.g. a child, please enter their details)

Consultant/Professional's Name: _____

Profession: _____

Contact Details: _____

1. What medical condition/diagnosis does the patient have?

2. What treatment is the patient receiving?

3. Will this medical condition/diagnosis improve with alternative housing? If so, how?

Consultant/Professional's Signature: _____

Date: _____

Thank you for your time and cooperation in completing this form. Please return the completed form to the applicant.

The applicant will need to submit this form to SCH by going online or visiting their nearest Connect Office.

