Health Insurance Department
Personal Home Care Services
Physician's Letter

FOR OFFICIAL USE ONLY:
Received Date (d/m/y)
____
*Received by:
____

(All Sections to be Completed)

POLICYHOLDER INFORMATION:

Name: ☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Mr./Mrs./Miss/Ms.) **(First Name)**

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(Middle Name) **(Last Name)**

Mailing Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Policy ID: ☐☐☐☐☐☐ Contact #: ☐☐☐ -- ☐☐☐☐

Date of Birth (dd/mm/yy): ☐☐ / ☐☐ / ☐☐

Please give name and contact of responsible person, if known, for those with dementia:

Name: ____________________________________ Contact #: ☐☐☐ -- ☐☐☐☐

PHYSICIAN INFORMATION:

Name of General Practitioner (GP) of Policyholder: ____________________________________

GP Practice Name: ____________________________________

GP's Address: ____________________________________

Parish: ______________________ Contact #: ______________________

GP's Email Address (if applicable): ____________________________________
(Hotmail account not accepted) **(Please print)**

MEDICAL INFORMATION:

Diagnosis	Date of Onset (d/m/y)	Comments

When completed, this form should be returned with supporting documentation to:
Mailing Address: Health Insurance Department, P.O. Box HM 2160, Hamilton HM JX
Street Address: Sofia House, 2nd Floor, 48 Church Street, Hamilton HM 12
Phone: 441-295-9210 **Fax:** 441-295-9213 **Website:** www.gov.bm **Email:** hip@gov.bm

Medicine Name	Dose	Route	Frequency	Purpose
ALLERGIES if any				

Does person have cognitive ability to organize and plan own health care?
Please note date (dd/mm/yy) of any mini mental status exam and score:
Are there any concerns regarding the person's behaviors when interacting with others or potential care givers?
Are there any advanced directives in place? Y N. Comments:

Please note which activities of daily living person may need assistance with:
Bathing; Dressing; Toileting; Walking 10 steps or more; Transferring self from chair to bed, etc.
Eating
DIET or fluid restrictions
Wound care
Other education/supports needed:

Additional Comments

Signed ______________________________ Date (dd/mm/yy): __ __ / __ __ / __ __