

# ALLENDALE CURATIVE WORKSHOP

CLIFTON DOWN, BRISTOL 8

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A<sup>N</sup> Adventure in :: :: ::  
Rehabilitation of the  
Physically Unfit :: ::

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Telephone : Bristol 35195

**ALLENDALE**  
(Late Trafalgar Hotel)  
The Promenade, Clifton Down  
Bristol 8

Telephone : Bristol 35195

**T**HE ALLENDALE CURATIVE WORKSHOP has been opened to demonstrate the application of Occupational Therapy to all suitable types of physical disability caused by accident or disease.

Equipment has been installed for treating patients at all stages, from those who can be allowed to make only the smallest effort and movement, to those whose muscles and general condition are being developed up to full work.

Treatment is carried out by highly trained Occupational Therapists, and no patient is admitted except on the prescription of his or her doctor. All doctors are cordially invited to visit the Workshops. Fees are charged to private patients. Hospital and other patients for whom fees cannot be provided are treated free, and transport can be arranged.

Prescription Form  
(Additional copies will be sent as required or may be filled up at Allendale)

To be sent to the Secretary,  
**Allendale Curative Workshop**  
The Promenade, Clifton Down, Bristol 8

PRESCRIPTION

Name..... Age.....years Sex.....

Address .....

Diagnosis.....

X-ray Report.....

History of Case.....

For what function and joint is Occupational Therapy desired -

Flexion	Fingers	right, left
Extension	Wrist	" "
Abduction	Forearm	" "
Adduction	Elbow	" "
Pronation	Shoulder	" "
Supination	Foot	" "
Rotation	Ankle	" "
Circumduction	Knee	" "
	Hip	" "
	Vertebral Column	" "
	Neck	
	Back	

Special remarks and precautions.....

Date..... Signature.....

For the patient :-

Address : **Allendale Curative Workshop, The Promenade,**  
Clifton Down, Bristol 8

Buses which serve : 18, 83, 89, to Suspension Bridge.  
22 to Pembroke Road, and walk up Clifton Park.

# Allendale Curative Workshop The Promenade, Clifton Down, Bristol 8

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	Hip	" "
	Vertebral Column	
	Neck	
	Back	

Special remarks and precautions.....

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Date..... Signature.....

DH / 7/6/4

Allendale Curative Workshop  
The Promenade, Clifton Down, Bristol 8

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HOSPITAL ALMONER'S REPORT

Name.....

Address.....

Present Occupation .....

Employer .....

Date of Employment.....

Further details of Employment.....

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Compensation.....

Insurance .....

Name of Insurance Company.....

Significant Factors in Home Situation (social and financial).....

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Date..... Signature.....

*For the patient :-*

Address : **Allendale Curative Workshop, The Promenade,  
Clifton Down, Bristol 8**

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DH/3/6/5  
(att.)

Allendale Curative Workshop  
The Promenade, Clifton Down, Bristol 8

SUMMARY OF TREATMENT

Name..... Age.....years Sex.....

Diagnosis ..... Date of injury.....

..... Date admitted.....

Referred by..... Date discharged.....

..... No. of treatments.....

Results and observations from treatment.....

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Signature.....