

Pre-Arrival Info

(Please refer to the Guidance for more detailed explanations)

CONTACT DETAILS

Client:			
Full Name:		Preferred Name:	
Date of Birth:		Age:	
Current Address:			
Post Code:			
Home Phone:		Mobile	
Next of Kin/ Representative:			
Name:		Relationship:	
Address:			
Post Code:			
Email:			
Home Phone:		Mobile	
Other Contact:			
Name:		Relationship:	
Address:			
Post Code:			
Email:			
Home:		Mobile:	

REPRESENTATION

Representatives Name/s	Power of Attorney (POA)	To Cover Property & Finance? Health & Welfare?

FINANCE CONTACT

Name:		Relationship:	
Address:			
Post Code			
Email:			
Home:		Mobile:	
Funding Type:	Private	OR	Local Authority + Contribution

SOCIAL SERVICES

Local Authority		Contact Name:	
Email:		Mobile	
PID Number:		NI Number	

MEDICAL INFORMATION

Surgery:		Doctor:		
Phone:		Transfer of GP:	Yes	No
NHS Number:				

CARE & SUPPORT NEEDS

1	Allergies (allergies or intolerance to substance or food/ has an Epi pen etc.)
2	Physical Health Glasses: Hearing Aids: Dentures:
3	Mental Health Ability to use buzzer to call for assistance?
4	Medication:
5	Mobility & Falls (Frames, Sticks, Wheelchairs, Walking Aids, Hoists, or Standing Aids used?)
6	Skin Integrity/ Wounds
7	Continence/ Toileting Support (Any products used)

8	Personal Care (Bathing/ showering/ dressing)
9	Nutrition (Weight/ Height, Preferences, Dislikes, Swallowing ability)
10	Advanced Care Planning/ End of Life wishes <ul style="list-style-type: none"> • Do Not Attempt Resuscitation (DNACPR) status and date • Living Will/ Advanced Care Plans in place?
11	Sleeping & Night Routine (Commode?)
13	Equipment & Environment (Personal aids e.g. zimmer frame, walking stick, wheelchair)
14	OTHER (other information which may be important)

SOCIAL & WELLBEING INFO

1	Spouse/ Partners name:
2	Place of Birth:
3	Places Lived:
4	Occupations:

5	Hobbies & Skills:
6	TV Likes & Dislikes:
7	Books Likes & Dislikes:
8	Newspaper/ Magazine request:
9	Activities that I would like to participate in:
10	Religious/ spiritual beliefs that are important to me:
11	I like to eat & drink/ breakfast preferences:
12	I don't like to eat & drink:
13	These routines are important to me:
14	These things make me worried or upset:
15	If I am anxious or upset, this makes me feel better:
16	Communication is better when:
17	This makes me happy:

18	My family dynamic is:
19	Other

CONSENTS

1	<p>Data Protection Act (2018)</p> <p>We need to obtain, record and store your details (including photographs) and may need to share this with medical professionals. To comply with the Data Protection Act (2018) we must ask for your permission to store and process your personal and sensitive data for this purpose.</p> <p>I give my consent to the Company for the recording and storing of sensitive personal information about me.</p> <table border="1" data-bbox="167 1294 1544 1417"> <tr> <td data-bbox="167 1294 459 1355">Name</td> <td colspan="3" data-bbox="459 1294 1544 1355"></td> </tr> <tr> <td data-bbox="167 1355 459 1417">Signature</td> <td data-bbox="459 1355 1086 1417"></td> <td data-bbox="1086 1355 1209 1417">Date</td> <td data-bbox="1209 1355 1544 1417"></td> </tr> </table>	Name				Signature		Date	
Name									
Signature		Date							
2	<p>Photographs</p> <p>Please sign below if you give permission for your photo to be used as part of the overall publicity for our Home and on social media, for example our Facebook page or website.</p> <table border="1" data-bbox="167 1615 1544 1738"> <tr> <td data-bbox="167 1615 459 1675">Name</td> <td colspan="3" data-bbox="459 1615 1544 1675"></td> </tr> <tr> <td data-bbox="167 1675 459 1738">Signature</td> <td data-bbox="459 1675 1086 1738"></td> <td data-bbox="1086 1675 1209 1738">Date</td> <td data-bbox="1209 1675 1544 1738"></td> </tr> </table>	Name				Signature		Date	
Name									
Signature		Date							
3	<p>Night Checks</p> <p>I give/ do not give permission for staff to check me at night should my care needs require it.</p> <table border="1" data-bbox="167 1951 1544 2069"> <tr> <td data-bbox="167 1951 459 2011">Name</td> <td colspan="3" data-bbox="459 1951 1544 2011"></td> </tr> <tr> <td data-bbox="167 2011 459 2069">Signature</td> <td data-bbox="459 2011 1086 2069"></td> <td data-bbox="1086 2011 1209 2069">Date</td> <td data-bbox="1209 2011 1544 2069"></td> </tr> </table>	Name				Signature		Date	
Name									
Signature		Date							

4	<p>Relatives Communication (up to 2 Representatives) If you would like to be kept informed by email about what is going on in and around the Home, please sign below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%;">Name (NOK)</td><td></td></tr> <tr><td>Email</td><td></td></tr> <tr><td>Name (NOK)</td><td></td></tr> <tr><td>Email</td><td></td></tr> <tr><td>Client Signature</td><td></td></tr> </table> <p>Non-Urgent Client Updates: (up to 2 Representatives) Using Whatsapp, our staff can keep you updated with non-urgent information and updates and you can also send messages via Whatsapp to the Care Team.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%;">Name (NOK)</td><td></td></tr> <tr><td>Mobile Phone</td><td></td></tr> <tr><td>Name (NOK)</td><td></td></tr> <tr><td>Mobile Phone</td><td></td></tr> <tr><td>Client Signature</td><td></td></tr> </table>	Name (NOK)		Email		Name (NOK)		Email		Client Signature		Name (NOK)		Mobile Phone		Name (NOK)		Mobile Phone		Client Signature	
Name (NOK)																					
Email																					
Name (NOK)																					
Email																					
Client Signature																					
Name (NOK)																					
Mobile Phone																					
Name (NOK)																					
Mobile Phone																					
Client Signature																					
5	<p>Medication Staff are trained to dispense medication to Clients. If an individual is capable of self-medicating then they will be supported to do so. Please sign below if you would like and give permission for staff to administer your medication</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%;">Name</td><td colspan="3"></td></tr> <tr><td>Signature</td><td></td><td>Date</td><td></td></tr> </table>	Name				Signature		Date													
Name																					
Signature		Date																			

NOTES:

Please ensure this form is completed and returned before arrival to ensure we have all the information needed.

Completed by:	Date:
Signature:	Relationship to client: