

THE LAWNS RESPITE STAYS

DATE OF ADMISSION.....DATE OF DISCHARGE.....

NAME.....N.O.K(1).....

ADDRESS.....ADDRESS.....

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D.O.B.....TEL.....

RELIGION.....N.O.K.(2).....

G.P.....ADDRESS.....

TEL.....

.....**TEL.....**

ANY KNOWN ALLERGIES:.....

ACCOUNTS TO:

PERSONAL HISTORY AND INFORMATION

My family and other important people:

About me: (characteristics, where I lived, what I did for a living, born and grew up, pets, religion)

What I like to do: (hobbies, activities, social, television, films, music, books, papers)

Food: (likes, dislikes)

Normal routines: (bath/shower, early riser, night owl)

What is important to me and what do I want from my life at The Lawns during respite:

How can this be achieved?

GENERAL HEALTH.....

DIETARY NEEDS:-.....

COMMUNICATIONS:- SIGHT.....SPEECH.....

HEARING.....MEMORY.....

PERSONAL HYGIENE.....

NUTRITION:- Reducing/Diabetic on tablets/Diabetic on insulin/Supplements/Other(please state)

ELIMINATION.....

MOBILITY ASSESSMENT.....

RISK ASSESSMENT.....

HOBBIES/PASTIMES.....

SOCIALISING.....

ANY OTHER PROBLEMS.....

NAME OF MEDICINE **(Please include repeat prescription from G.P. Surgery)**

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