

Moving to a Care Home

Full Name

Preferred Name

Date of Birth

Address

Chosen Care Home

1st choice:

2nd choice:

3rd choice:

If your first choice doesn't have space you will need to move to another home until a space becomes available.

Next of Kin:

Name:

Relationship:

Address:

Name:

Relationship:

Address:

When can we contact them?

(circle all applicable)

Anytime Mornings Afternoons Evenings Nights

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(circle all applicable)

Anytime Mornings Afternoons Evenings Nights

Who has Power of Attorney?

Medical Information

Please complete as much as possible. We will also contact your G.P.

GP name and address:

Do you have any medical conditions?

Is there anything should know about approaching you e.g. from the right as you are deaf in your left ear?

Do you have any allergies?

Do you have pressure sores or skin complaints?

Do you have support from professionals e.g. Community Psychiatric Nurse, Dementia Specialist?

Do you take medication in a specific way?

Are you bringing any equipment – e.g. Riser chair, airflow mattress, sensor mats, walking frame?

DO NOT ATTEMPT CARDIO PULMONARY RESUSCITATION (DNACPR) FORM

Do you have an active DNACPR form?

Yes

No

If not when should hospital treatment/ admission be sought?



Walking, sitting and standing

Do you need help to walk?

E.g. A walking stick, someone to hold on to etc.

Do you need help to stand up or sit down?

E.g. A riser chair, someone to hold on to etc.

Do you sometimes wander?

Yes No

Do you fall often?

Yes No



Going to the toilet

Do you need help going to the toilet?

E.g. a reminder, someone to come with you etc.

If you use continence products what do you use and when do you use them?

Do you often have Urinary Tract Infections?

Yes No



Eating

Has your weight ever been an issue for you?

Yes No

Do you have difficulty chewing/swallowing?

Yes No

Do you need supplementary diets e.g. Fortisips?

Yes No

Do you have a specialist diet?

e.g. Vegetarian or gluten free

Is there any food you really like or don't like?

Do you need help with eating or drinking?

Getting to know me

Please fill in as much as possible – leave blank if not relevant

I live with:

My marital status is:

Information about my children/grandchildren:

Information about my brothers/sisters:

Information about my pets:

My previous jobs have been:

Information about my hobbies and what I like to do:

Information about what helps me relax or what upsets me:

Do you like to socialise?

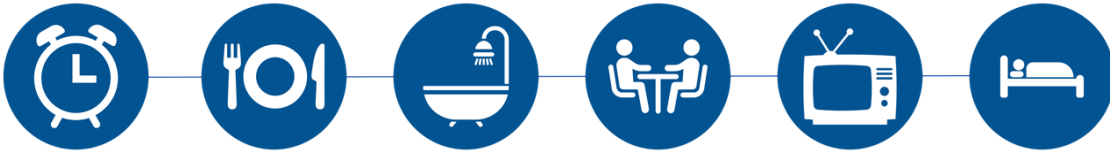
Yes No

Do you like big groups or small groups?

Big Small Any

My religious beliefs are:

Daily routine



What is your morning routine?

What time do you get up? What do you like for breakfast? Do you listen to the radio? Do you have a shower? Does anyone help you?

Do you have a daily routine?

What time do you have lunch? What do you normally have? Do you go to any clubs? Do you like to watch anything on the TV or listen to anything on the radio? Do you have any hobbies?

What is your evening routine?

What time do you have supper? What do you normally have? Do you have a bath or shower before bed? Do you listen to the radio or read a book before you fall asleep? What time do you go to sleep? Does anyone help you?

End of life care

Where is your Anticipatory Care Plan kept?

Do you have an Adult with Incapacity Certificate?

Yes No

If you become unwell do you want to be treated in hospital or stay in the care home?

Hospital Care Home

If you are seriously ill who would you like to visit you e.g. your priest/vicar?

Do you have a funeral bond?

Yes No

Name and address of your chosen Funeral Director?

Do you have any other comments about your end of life care?

Please complete and return to the Allocated/Social Worker

Midlothian Health and Social Care Partnership will share this information with Care Homes for placement purpose. Please refer to www.midlothian.gov.uk/privacy for details on how we store and collect data.

I confirm I have submitted the requested documents and that the above information has been completed truthfully

Name (PRINT)

Date:

If not client please state relationship to the client:

Signed: