



Placement enquiry form

It is important to complete this form in full. Incomplete forms cannot be processed.

General Information

Referred by:Reason for Referral

Referred from (Please circle) : Hospital /Home / Nursing Home

Name of the Nursing Home/ Hospital:

Ph..... Fax:

Funding (Please circle): Private /Fair Deal Has fair deal been approved?.....

Any other information.....

Where did you hear about us:

Residents Personal/Social Profile

Name: Ms/ Mr/ Mrs

Preferred Name(If Any).....

Address:

Date of birth: /..... /19..... Male / Female Religion.....

Marital Status: Married/Widow/single/any other:

Lives with Spouse/ Partner/Companion/ Daughter/Son/Others/Alone.....

Name of NOK:.....Relationship to Resident.....

Ph. No of NOKAddress of NOK:

.....

Support services in the community

Name of the GP: Ph.: Fax.....

Address:

Primary Diagnosis: (Or any other Medical History known, Please attach as required).....

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Any known Allergies.....

Any History of falls.....

Any history of wandering.....

Physiotherapist:Occupational Therapist:Social Worker:.....

Psychiatrist:Public Health NurseAny Other:

Respite / Day care/ Home support/ Meals on Wheels.....

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Where..... How often.....

List of Current medications and dose (Please include nutritional supplements and laxatives)

Mental Health

Does the resident have a mental health diagnosis.....

Previous history of mental health problems or admissions to acute psychiatric service.....

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History of substance abuse..... History of self-harm..... Forensic history.....

Violence/aggression/agitation (Historic or associated with their current condition).....

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Resident's needs

Please circle as appropriate

Feeding

Independent Needs help Dependent

Grooming

Independent Dependent

Bowels

Fully continent Occasional accident Incontinent

Bladder

Fully continent Occasional accident Incontinent

Dressing

Independent Needs help Dependent

Chair/bed transfer

Independent Minimal help Able to sit Dependent

Toilet

Independent 2 Needs help Dependent

Mobility

Independent walking Independent in w/chair Immobile

Stairs

Independent Needs help Unable

Bathing/washing

Independent Dependent

Special Equipment

Zimmer frame Walking stick O2 Concentrator/Nebuliser Pressure relieving mattress/cushion

Memory..... Communication.....

Any other relevant information.....

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