Let's think ahead

Care Home Registration Form

To be completed and returned to surgery with registration paperwork

- ☛ Patient/carers' wishes (7 steps to ACP document 3 or 4)
- ☛ Discharge letter /social work forms including medication list
- ☛ Adults with incapacity – if completed

Name		DOB	
Name of Next of Kin/carer/worker and relationship to resident		NOK address telephone number Mobile	
Date of admission		Admitted from home/ hospital	
Welfare guardian / Power of Attorney	Yes /No Name of guardian:	Adults with incapacity certificate	Yes/No Requires assessment
Compulsory treatment order	Yes/No	DNACPR in place	Yes/No Requires assessment
Patient carer/wishes	Anticipatory care questions discussed with patient/relatives Yes/No Date……		
Mobility	Independent Walking aids Needs assistance Bed and chair bound Bedbound		
Continence	Continent Urinary incontinence-wears pads/ catheter in situ Faecal incontinence		
Cognition	No impairment Some confusion 1-2 words only No meaningful interaction		
Communication	Speaks clearly Speech difficult to understand Unable to communicate verbally		
Measurements	Weight	Height	BMI
Smoking status	Non-smoker / Ex- Smoker/ Current smoker: _____ Cigarettes per day.	Blood Pressure	
Consent for sharing information with Out of Hours Doctors Yes/No			