

DAY CARE PERSONAL INFORMATION

Name: _____ Prefers to be called : _____ D.O.B _____	<i>Attending Doctor:</i> Name _____ Phone _____
Communication: Dementia Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Nutrition: Normal Diet Yes <input type="checkbox"/> No <input type="checkbox"/> Allergies: _____ Comments
Mobility: Independent Yes <input type="checkbox"/> No <input type="checkbox"/> Falls Risk Comments:	Toileting: Self Toileting Yes No Comments:
Continance: Continent? Yes No Comments	Challenging Behaviours: Yes No Comments
Medications: Name of Medication: _____ Dose _____ Route _____ Time _____ Name of Medication: _____ Dose _____ Route _____ Time _____ Name of Medication: _____ Dose _____ Route _____ Time _____ Name of Medication: _____ Dose _____ Route _____ Time _____ Name of Medication: _____ Dose _____ Route _____ Time _____	Medical Detail
In case of Emergency: Call (name): _____ Phone number today	<i>Assessment completed by:</i> Name _____ Signature _____ Date _____
<p><i>Disclaimer: Whilst every effort is taken to ensure the health and safety of your loved one, The Willows accepts no responsibility for any accident/misadventure that may occur during their time at Day Care.</i></p>	