

Care home patient moving to a new care home within FICHS

Name:

DOB:

1. **Nursing / Residential / Dementia Nursing / Dementia Residential** (please circle)

2. **Long stay / Short stay** (please circle)

3. Next of Kin

Name:

Relationship:

Contact Number:

4. Has a power of attorney been appointed? **Y / N** (please circle)

If yes please state:

Health

Name:

Contact Number:

Finance

Name:

Contact Number:

5. Do Not Resuscitate order (DNAR) in place? **Y / N** (please circle)

6. Weight

kg

Height

cm

Has there been a recent weight loss? If yes MUST score **0 1 2** (please circle)

Blood pressure

/ mmHG

Pulse

/min

Blood Oxygen Saturation

%

7. Attachments (scanned copies or photocopies)

- Mandatory

- Registration form fully filled and signed
- Copy of MAR chart
- Recent discharge summary if admitted from hospital/care facility
- DNAR copy
- Copy of Power of attorney document

- Where appropriate

- Advance Directive document
- Safeguarding report