

105 Nightingale Lane, London SW12 8NB Tel: 020 8673 3495 F: 020 8675 2258 Registered Charity No. 207318

Personal details

Important: Please answer every question in block capitals

Surname	Forename	Mr/Mrs/Miss/Ms/Other
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Maiden / Other Name	Place and Country of Birth	Nationality	NHS Number
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Age	Date of birth	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Partner <input type="checkbox"/>	Widowed <input type="checkbox"/>
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Permanent address Postcode Tel No: Mobile: Email:	Present address (if different) Postcode Tel No: Mobile: Email:
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Reason/s for requiring short stay / respite care

Name of local authority where you normally live

Dates for suggested stay

Next of kin

Name	Relationship
Address of next of kin Postcode	
Tel No: Mobile:	
Email:	

Name of doctor

Address of doctor
.....
..... Postcode

Tel No:

Email:

Activity details

Please state your hobbies and interests

Knitting	<input type="checkbox"/>	Drama therapy	<input type="checkbox"/>	Music therapy	<input type="checkbox"/>	Drawing	<input type="checkbox"/>
Sewing	<input type="checkbox"/>	Pottery	<input type="checkbox"/>	Keep fit/ relaxation	<input type="checkbox"/>	Current affairs	<input type="checkbox"/>
Embroidery	<input type="checkbox"/>	Cookery	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Writing	<input type="checkbox"/>
Poetry	<input type="checkbox"/>	Music	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Board games	<input type="checkbox"/>
Painting	<input type="checkbox"/>	Card games	<input type="checkbox"/>	Other	<input type="checkbox"/>	

Do you have any special dietary requirements? YES NO

If YES, please state

Please state if you use any of the following at home:

Walking frame Walking stick Wheelchair If you use any of these you will need to bring them with you.

Do you require any special aids to help you with the activities of daily living? – e.g. stocking aid, moulded cutlery, raised toilet seat, extra handrails, etc. Please state which of these

Are you able to bath/shower on your own or will you require help?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Require help <input type="checkbox"/>
Are you able to get in/out of bed independently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Require help <input type="checkbox"/>
Can you stand at a sink to wash?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Require help <input type="checkbox"/>
Do you use a footstool when you are sitting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Require help <input type="checkbox"/>

I hereby declare that I understand and agree to the above conditions of entry and that the statements I have made are true

Signature of applicant/Power of Attorney

Date

This application will not be accepted unless signed by the applicant or Power of Attorney

residentsservices@nightingale.org.uk

www.nightingale.org.uk

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November 2011

