

**LOCHARWOODS
RESIDENTIAL CARE HOME**

WAITING LIST/ADMISSION FORM

Name	Known as
D.O.B	SEX
ADDRESS	HOME TEL.
	RELIGION Practicing YES/NO
	DATE OF ARRIVAL
	N.I NUMBER
DOCTORS NAME & Telephone No.	
DOCTORS ADDRESS	
CURRENT MEDICATIONS(if known)	Social Worker involved YES/NO
MEDICATION ALLERGIES	Name of Social Worker Contact telephone No.
FOOD ALLERGIES, if applicable	ANYOTHER ALLERGIES KNOWN
Special Dietary Requirements	
PREVIOUS ILLNESSES AND DATES	PREVIOUS SURGERIES, if applicable
NEXT OF KIN (1) NAME: ADDRESS:	RELATIONSHIP
POST CODE Tel No.	Work No Mobile No.
All residents coming into the area <u>MUST</u> register with a local G.P	

