

CLIENT REGISTRATION FORM (Personal Care Only):

Please return to: Mrs D Woodrow, 1a Cock Street, Wymondham, NORFOLK, NR18 0BX

Client Information

Surname	
Firstname	
Salutation	Mr / Mrs / Miss / Ms / Dr / Other
Address	
Postcode	
Telephone Number (incl. STD code)	()

Doctor Information

Name of Doctor	
Name of Surgery	
Address	
Telephone Number (incl. STD code)	()

Next of Kin Information

Name	
Address	
Telephone Number (incl. STD code)	()

Billing & Correspondence Information

Please state to whom & where invoices & correspondence is to be sent to	
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NB: Please note that if live-in care is required, we will ask 2-3 weeks notice where possible to arrange this service.

Medication & Personal Information

(please answer ALL the following questions accurately where possible)

Medication taken & frequency	
Approx weight of client	
Approx height of client	
Would help be required at night?	
Does the client require the use of walking aids?	
Does the client require help in washing & dressing?	
Is the client incontinent?	
Does the client attend a day centre?	
Are there animals living at the client's home?	
If live-in staff are required, is there a room available for the staff?	

Please state hours required for each day

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
AM*							
PM**							

* 00:00am - 11.59am

** 12.00pm to 11.59pm

Client Information (This information is very useful. Please include any details which you may wish us to know)

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Mrs D Woodrow, Complete Caring Ltd, 1a Cock Street, Wymondham, NORFOLK, NR18 0BX