



Registration Form

All sections of this form must be completed & all requests for Consent are Mandatory

SIGNATURE AT ASCOT CARE HOME

Room Number _____ Floor _____ DEMENTIA
NURSING
RESIDENT

Date _____ Permanent resident Temporary resident

Date of Birth: _____

Title: _____ Forename: _____ Surname: _____

Signed: _____ Date: _____

Blood pressure: _____ SYSTOLIC / _____ DIASTOLIC

Pulse rate: _____ BPM

PLEASE PROVIDE CONFIRMATION OF ANY COMMUNICATION/IMPAIRMENT

Impairment to communicate:

Hearing impairment

Visual impairment

Cognitive impairment

Difficulty communicating

Speech problem

Patient wear glasses / contact lenses Yes No

Patient has hearing aids? Yes No

- Hearing aids: Left Right Bilateral



Registration Form

All sections of this form must be completed & all requests for Consent are Mandatory

Please tick the one most appropriate to patient

1. Normal activity with some effort, some signs of symptoms
2. Care for self, unable to carry out normal activity or do active work
3. Occasional assistance but can care for most needs
4. Requires considerable assistance and frequent medical care
5. In bed more than 50% off the time
6. Almost completely bedfast
7. Totally bedfast and requiring nursing care

In general, do you have health problems that require you to limit your activities?

Yes No

Falls Risk: Low risk At risk High risk

Number of falls in the last year? _____

Mobility:

- Independent walking
- Walking frame
- Stick only for Walking
- Independent wheelchair use
- Minimal help in wheelchair
- Immobile/Bedridden

Stairs:

Independent on stairs Assistance on stairs Unable to climb stairs

Disability:

Impaired ability to recognise safety risks No known disability

Frailty: Moderate Severe

Able to summon help in an emergency? Yes No



Registration Form

All sections of this form must be completed & all requests for Consent are Mandatory

Seasonal Flu Vaccinations Consent Form (MANDATORY)

Seasonal flu vaccinations are offered each September/October onwards to patients in at risk categories and/or over the age of 65 years old. As a resident at **Ascot Grange Care Home**, you are entitled to your free annual flu vaccination.

I DO wish to have the flu jab administered each year

I do NOT wish to have the flu jab administered each year

By signing this form, I consent to having the annual season flu vaccination administered each year unless I notify the Surgery otherwise (in writing) in the future.

Signed: _____

Print Name: _____ Date: _____

FOR RESIDENTS WHO ARE UNABLE TO SIGN INDEPENDENTLY:

I DO wish my relative to have the flu jab administered each year

I do NOT wish my relative to have the flu jab administered each year

By signing this form, I consent to my relative _____ having the annual season flu vaccination administered each year unless I notify the Surgery otherwise (in writing) in the future.

Signed: _____

Print Name: _____ Date: _____

Relationship to Patient: _____