

**HEALTH QUESTIONNAIRE**

**APPLICATION FOR ACCOMMODATION IN SOUTHWOOD COURT  
OR BEAVERBROOK HOUSE**

SURNAME: ..... MR/MRS/MISS

FIRST NAMES: .....

DATE OF BIRTH: ..... PLACE OF BIRTH: .....

RELIGION:..... NATIONALITY: .....

NHS NUMBER: ..... NAT. INSURANCE NO: .....

PRESENT ADDRESS: .....

.....

Are you a registered disabled person? .....

If yes, give brief details .....

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Are you on the blind or partially sighted register? **YES/NO**

Do you use a wheelchair? **YES/NO**

Do you use a walking frame or other walking aid? **YES/NO**

Do you wear spectacles? **YES/NO**

Have you got cataracts or glaucoma? **YES/NO**

Are you deaf? **YES/NO**

Do you wear a hearing aid? **YES/NO**

Do you smoke? **YES/NO**

Are you a diabetic? **YES/NO**

If yes, give details of treatment .....

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Do you suffer from arthritis? **YES/NO**

Have you been diagnosed with Parkinson's disease? **YES/NO**

Have you been diagnosed with cancer? **YES/NO**

Have you ever had a stroke? **YES/NO**

Give brief details, including how you are affected at present .....

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Do you have a heart or chest condition? **YES/NO**

Do you use oxygen or inhalers? **YES/NO**

If yes, give brief details .....

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Do you have a pacemaker? **YES/NO**

Do you have any urinary or bowel problems? **YES/NO**

Do you have a urinary catheter? **YES/NO**

Do you use incontinence pads? **YES/NO**

Do you, or have you ever suffered from depression or any other mental problems? **YES/NO**

If yes, give brief details .....

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Do you have epilepsy? **YES/NO**

If yes, state treatment .....

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Do you have any skin complaints? **YES/NO**

Do you have leg ulcers? **YES/NO**

What surgical operations have you had? Please give details including approximate year .....

.....

.....

When did you last attend hospital? .....

Give reason for same .....

Have you any outstanding hospital appointments? .....

If so, please state when and where .....

What medication are you on at present? Give details as written on containers .....

Do you require assistance with the following?

- Washing **YES/NO**
- Shaving **YES/NO**
- Bathing **YES/NO**
- Toileting **YES/NO**
- Dressing/Undressing **YES/NO**
- Putting on shoes/socks **YES/NO**
- Eating/Drinking **YES/NO**

If yes, who gives assistance at present? .....

Are you on a special diet? **YES/NO**

Do you require tube feeds or a pureed diet? **YES/NO**

Give brief details of any other medical or personal history you think may be helpful in assessing your need for admission to Southwood Court or Beaverbrook House.

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Thank you for completing this questionnaire.

Should you need any further help or assistance please do not hesitate to telephone me on 01293 542820 during office hours.

Yours sincerely

Stephen Gilbert  
Director & Secretary

The PCC will use the information you have provided and other information you may provide in future to ascertain your eligibility for assistance. We will not disclose this information to any other person or organisation except in connection with this purpose. The information may include “sensitive data” under the Data Protection Act 1998. Please sign below to indicate your consent to us using this data in this way.

Signature of applicant

.....

**TO BE COMPLETED BY YOUR DOCTOR**

PLEASE USE BLOCK CAPITALS

NAME OF PATIENT .....

I certify that the patient named above is currently under my care with .....

OR has been hospitalised with .....

Other medical conditions (including any known allergies).....

.....

**TREATMENT INFORMATION**

- |    |  |                                |
|----|--|--------------------------------|
| 1. | Is the patient having injections?<br>Are these self-administered?          | <b>YES/NO</b><br><b>YES/NO</b> |
| 2. | Is a dressing needed?<br>Can the patient manage this unaided?              | <b>YES/NO</b><br><b>YES/NO</b> |
| 3. | Is the patient on a special diet?<br>Details should accompany application. | <b>YES/NO</b>                  |

**DRUGS BEING TAKEN BY THE PATIENT:** .....

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The above named was seen by me on (date) .....

**DOCTOR'S SIGNATURE**

**ADDRESS OF PRACTICE**

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Doctor's name in CAPS please

Tel No .....