

PRE ADMISSION / ADMISSION FACT FINDER

Name of Resident:	
CONFIRM BASIC INFORMATION	
Name:	
Address:	
Date of Birth:	
Next of Kin:	
MOBILITY	COMMENTS
Independent:	
Uses Aids:	
Needs Assistance:	
Not Mobile:	
Weight Bearing:	
History of Falls:	
CONTINENCE	
Incontinent of Urine	
Incontinent of Faeces	
Aids for Incontinence:	
Other Issues:	

HEALTH ISSUES	COMMENTS
Diabetes:	
Health Monitoring:	
Hospital Appointments:	
Clinic Appointments:	
Weight Issues:	
Dietary Needs:	
Oral Care Needs:	
Foot Care Needs:	
Vision Needs:	
MEDICATION	
Confirm Medication:	
Check Directions for Use:	
Check Special Instructions for Use:	
Arrangements for Self Medication:	
CULTURAL/RELIGIOUS	
Dietary Needs:	
Personal Care Needs:	
Religious Needs:	
Language:	

FINANCE ARRANGEMENTS:	COMMENTS
Personal Allowance:	
Self Arrangements Made:	
Arrangements by Family:	
Additional Costs: Hair, Toiletries etc	
PERSONAL PREFERENCES:	
Gender Care:	
Personal Care:	
Rise and Retirement:	
Social Interests:	
Dietary Likes/Dislikes	
LAUNDRY/DOMESTIC	
Arrangements for Laundry:	
Clothing marked:	
Personal Items on Admission:	
Arrangements for Smoking:	
MANUAL HANDLING ISSUE: (Indicate M/H Assessment on Admission)	
PERSONAL RISK ISSUES (Indicate PR Assessment on Admission)	

BACKGROUND HISTORY:	
ISSUED: Unit Brochure and Statement of Purpose	
ACTION	
Letter of Acceptance	
Pre-admission visit offered	
Completed by:	
Date:	