

*The Doreen Kennedy Care Agency*

**Client Registration Form**

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**Mr/Mrs/Miss/Other** ..... **Surname** .....

**Forename/s** .....

**Address** .....

.....

**Postcode** ..... **Date of Birth** ...../...../.....

**Nationality** ..... **Religion** .....

***Telephone Numbers***

**Home** (       )

**Other** (       )

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***Next of Kin***

**Name** .....

**Address** .....

.....

**Postcode** .....

***Telephone Numbers***

**Home** (       )

**Other** (       )

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***Clients Doctor***

**Dr** ..... **Tel** (       )

**Address** .....

.....

**Postcode** .....

Does the Client suffer from any medical conditions? YES  NO

If yes please detail: .....

Does the Client have any medication requirements? YES  NO

If yes please detail: .....

Assist / Self Medicating ? .....

Is the Client;	A) Mobile?	<input type="checkbox"/>
	B) Fairly Mobile?	<input type="checkbox"/>
	C) Not Mobile?	<input type="checkbox"/>

Does the Client need assistance when;	A) Walking?	<input type="checkbox"/>
	B) Use a Frame?	<input type="checkbox"/>
	C) Wheelchair?	<input type="checkbox"/>

What is the Clients Mental condition?	A) Good	<input type="checkbox"/>
	B) Fairly Good	<input type="checkbox"/>
	C) Slightly Confused	<input type="checkbox"/>
	D) Very Confused	<input type="checkbox"/>

Does the Client suffer from Alzheimer's Disease? YES  NO

Does the Client suffer from Senile Dementia? YES  NO

To what extent is help required with;

Teeth / Denture Cleaning	Walking
.....	.....

Lifting	Dressing / Undressing
.....	.....

Combing Hair	Shaving
.....	.....

Is it supportive lifting;  or Total heaving lifting

Are lifting aids available? YES  NO

Bath / Shower YES  NO

Supervision Only YES  NO

Assist / In / Out Bath / Shower YES  NO

Help with washing whilst in Bath / Shower YES  NO

Is there a Bath Seat? YES  NO

If yes what kind .....

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**Toilet Assistance**

Is help needed getting to the toilet? YES  NO

Will personal hygiene be needed? YES  NO

Is a commode used? Day  Night  Both

Is there any incontinence? Bowel  Urine  Both

Are pads worn? Day  Night  Both

Night Duty? YES  NO

If "YES" how frequently per night? .....

If frequent, is there other help available? A) Occasionally   
B) Every Night   
C) Day Relief

Does the Client have a Urine Catheter / Colostomy Bag? YES  NO

If so, who is responsible for changing the bag? .....

**PLEASE NOTE THAT THE COMPANIONS CANNOT CARRY OUT INVASIVE  
NURSING DUTIES OR ADMINISTER "HEAVY" DRUGS**

**Clients Interests**

This information is very important as it enables us to try and match Companions to Clients.

**Interests;** .....  
.....  
.....

Does the Client need a Companion who can drive? YES  NO

If so, will there be a car available, taxed and insured for the Companion to drive YES  NO

Does the Client smoke? YES  NO

Will the Client tolerate a Companion who smokes if this is Only done outside? YES  NO

Are there any pets in the house? YES  NO

***The Companions do not undertake heavy domestic cleaning chores, therefore please state if a cleaner is employed and for how many times per week;***

None  Once

Twice  Other (specify)

Does the client have any specific Dietary Requirements? YES  NO

If "YES" please give .....  
Details; .....  
.....

Please give a brief description of the area including availability of public transport;  
.....  
.....  
.....  
.....

**Description of Client's Home**

HOUSE

BUNGALOW

FLAT

No of Bedrooms;

Bathrooms;

Reception Rooms;

How many people are normally in residence;

Companions will wash the Client's personal clothing by hand if necessary, however, please state if an automatic Washing machine is available;

YES

NO

Tumble Dryer;

YES

NO

If not is there provision for the Bed, Table and Bathroom linen to go to the laundry?

YES

NO

Please give details of accommodation available for the Companion;

.....  
.....

Own Bedroom

  
  

T.V.

Separate / shared Bathroom

Sitting Room

Radio

**Agency Fees**

Will these be dealt with by the Client?

YES

NO

If not please give name, address and telephone number to whom the letter of confirmation and Agency Fees are to be sent.

Name & Address .....

Postcode .....

Tel; Home; ( ) Other; ( )

***I confirm that I have read and understood the Agency literature and the terms & conditions contained within:***

SIGNATURE;

DATE; / /