



Unaccompanied Guests Not Requiring Personal Care – Care Support Details

As part of our care support service at Trevanion House, we invite you to supply us with information about unaccompanied guests. This information will be treated in the strictest confidence and will only be used in order that we can offer the best possible care. Please use your discretion to provide any further information which you feel will be of help to us.

GUEST'S PERSONAL DETAILS

Date of Visit: _____ Reservation Number: _____

Guest Name: _____

Name by which the guest prefers to be known: _____

Home Address: _____

Telephone (inc area code): _____ Date of Birth: _____

Emergency Contact: _____ Relation: _____

Address: _____

Telephone Number: _____

Doctor: _____ Telephone Number: _____

Address: _____

OTHER DETAILS

Nature of disability: _____

Have medication details been listed on reverse of this form? Yes No

Is guest able to give their own permission for medical treatment? Yes No

If not:

Is permission granted for any medical treatment following illness or accident? Yes No

Special dietary needs or allergies: _____

Would you like us to act as a 'bank' for personal money? Yes No

Any other details which you feel we should know: _____

Signed: _____ Date: _____

NB in this context, 'personal care' means giving assistance beyond advice and encouragement with personal hygiene.

This form must be completed and returned to us no less than four weeks before the start of the holiday



Medication Programme

Guest Name: _____

- Please select one:
- Guest is not taking any regular medication
 - Guest is able to look after own medication
 - Guest would like Trevanion House to look after medication and help them with taking it.

| Medication | Quantity Sent | Breakfast (8:00-9:00) | Lunch (12:30-13:30) | Evening Meal (18:00-18:30) | Bedtime |
|------------|---------------|--------------------------|------------------------|-------------------------------|---------|
| A) | | | | | |
| B) | | | | | |
| C) | | | | | |
| D) | | | | | |
| E) | | | | | |
| F) | | | | | |
| G) | | | | | |
| H) | | | | | |
| I) | | | | | |
| J) | | | | | |

Note: Please indicate any special conditions that apply to any particular medication (such as before or after food) or if the timing of any dose is especially important. The indicated times minimise the disruption to our normal programme or activities.