HEATH LANE SURGERY

SUPPLEMENTARY PATIENT REGISTRATION INFORMATION FOR CARE HOME RESIDENTS

THE FOLLOWING INFORMATION IS REQUIRED PRIOR TO THE PATIENT BEING REGISTERED AT HEATH LANE

Please Note: This information will be shared with other allied healthcare professions unless the practice is notified otherwise.

Patient's Name: _____

Date of Birth: _____

Care Home: _____

Nursing ☐ Residential ☐

Main Spoken Language: _____

Is an Interpreter required? YES ☐ NO ☐

Does another person need to be present when patient is seen? YES ☐ NO ☐

Patient's Next of Kin: _____

Relationship: _____

Contact Number(s) _____

Address: _____

_____

Is Patient under DOLs? YES ☐ NO ☐

Does Patient have a Power of Attorney in place for their mental health? YES ☐ NO ☐

Is a DNAR currently in place? YES ☐ NO ☐

IF SO PLEASE ATTACH A COPY OF THE DNAR WITH THIS FORM

If no, the doctor will have a discussion about this with the patient during their care plan visit.

Does the patient have a Care Plan? YES ☐ NO ☐

IF SO PLEASE ATTACH A COPY OF THE CARE PLAN WITH THIS FORM