MHA JERSEY

Stuart Court Care Planning Information

Name: Preferred name:	
DOB:	
Planned date of Admission	
Home Address	
GP & Practice Address:	
Telephone:	
Next of Kin:	
Relationship:	
Address:	
Telephone:	
Mobile:	
Reasons for referral/ Goals and aspirations	
Family / Friend Involvement: Professionals	
Past Occupation, Interests & Social needs	
Spiritual & Cultural preferences:	

Medical History:	
Allergies:	
Current medication: (Who will be responsible for administration)	
Resuscitation Status: Gold Standard Framework Code:	
Safety/Risk: Environmental concerns	
Mental State: Cognitive abilities:	
Communication:	
Sleeping:	

Activities of Daily Living

Mobility & mode of transfers:	
Breathing:	
Continence:	
Personal Care - Hygiene/ Dressing:	
Nutrition: Assistance required Food Allergies- To be reported in writing to kitchen staff Weight	
Pressure Areas: Waterlow score Aids needed	

Completed by:

Signature: