

Client Care Plan - Confidential Information

1 Client Details

Surname:

Forname(s):

Home address:

Postcode :

Marital status:

Telephone No:

Age:

Date of birth: (dd mm yyyy)

Sex: Female / Male

Weight:

Height:

Religion:

Has applicant stayed away from home before? **Yes / No**

2 Next of Kin / Parent Responsibility / Emergency Contact

Name:

Relationship:

Daytime telephone No:

Evening telephone No:

Address :

Postcode:

Name:

Relationship:

Daytime telephone No:

Evening telephone No:

Address :

Postcode:

3 Doctor

Name:

Daytime telephone No:

Evening telephone No:

Address:

Postcode:

4 Nature of disability

Learning: **Yes / No**

Physical: **Yes / No**

Both: **Yes / No**

Other medical details

Asthmatic attacks: **Yes / No**

Allergies: **Yes / No**

Chest infections: **Yes / No**

Diabetes:	Yes / No
Epilepsy:	Yes / No
Heart condition:	Yes / No
Travel sickness:	Yes / No
Urinary infection:	Yes / No
Other infections :	Yes / No

Any **YES** answer, please give details below:

5 Medication Details

All medication for the duration of the holiday must be sent. Please ensure that any amendments are notified on arrival, in writing.

Drug Dosage / Frequency / Method

6 General Information

Menstrual cycle: (is period due during holiday)	Yes / No
Date due:	

Date of last anti-tetanus injection:

7 Aids Used *(to be supplied by the applicant)*

Please list all items that are being brought on the holiday.

(i.e.) hearing aid / wheelchair / spectacles / special shoes

8 Behavioural details

Aggressive:	Yes / No
Hyperactive:	Yes / No
Sense of danger:	Yes / No
Self mutilating:	Yes / No

Any **YES** answer, please give details below:

9 Abilities

See:	Yes / No
Hear:	Yes / No
Walk:	Yes / No

Run:	Yes / No
Sit unsupported:	Yes / No
Climb stairs:	Yes / No
Read:	Yes / No
Write:	Yes / No
Speak:	Yes / No
Sign language:	Yes / No
Makaton:	Yes / No
Feed self :	Yes / No
Toilet self:	Yes / No
Wash self:	Yes / No
Bath self:	Yes / No
Dress self:	Yes / No

10 Incontinence

All supplies of pads for the duration of the holiday must be sent. Please ensure that any amendments are notified on arrival, in writing.

Is the applicant incontinent: If YES please give details	Yes / No
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11 Special Diets / Food Allergies

Please give details:

Is the client vegetarian / vegan?	Neither / Vegetarian / Vegan
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12 Leisure Interests

Please give details:
(e.g. swimming / pubs/clubs / horse riding / canoeing)

13 Other Relevant Details

14 Declaration

Email:
Signed:
Date: (dd mm yyyy)
Position / Relationship to client :

