

<b>Home Applied to:</b>
Weybourne <input type="checkbox"/> Sunbury Lodge <input type="checkbox"/> Court Regis <input type="checkbox"/> Lennox Wood <input type="checkbox"/>

<b>Carers Details</b>
Name:
Address:
Telephone:

<b>Personal Details of the Person using the Service</b>
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Name:	Date of Birth:
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Address:
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Medical Diagnosis:
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Is there a particular time you would like to have a guest visit? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Date:.....Time:.....

Is there anything we need to know about special requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state:

During the visit will there be a need to have medication given? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please provide the name and address of the professional recommending KCHT's service (ie GP, District Nurse, CPN):
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*Please note: agreed times must be adhered to with drop-off and collection within ten minutes of agreed times.*

*Transport cannot be provided by Avante Care and Support Mytime.*