

Application for CREST Waltham Forest

Private and Confidential

Applicant's Details

Name:

Address:

Postcode:

Telephone Number:

Date of Birth:

Religion:

Referred By

Name:

Relationship

Address / Organisation:

Postcode:

Telephone Number:

General Practitioners Details

G.P. Name:

Telephone Number:

G.P. Address:

Postcode:

Assessment

Risk Banding: High / Medium / Low

Funding

Self-funding: Direct Payment

Individual Budget:

Background

Mobility:

Hospital Discharge:

Living Circumstances:

Attendance at other groups / clubs:

Brief Description of Disabilities:

Are you registered Disabled? Yes / No

Are you taking any medications?

Yes:

No:

If yes, please state below:

(This information is helpful in the event of sudden illness on our premises when it may be necessary to call an ambulance)

Dementia

Diagnosed:

Level::

Impact on communication / group interaction::

Next of Kin

Name:

Address:

Postcode:

Telephone Number::

Mobile Number:

Do you have any special Dietary needs?

Transport

How will you travel to CREST?

Do you require Transport?

Yes / No

Signed:

Print Name:

Date: