

Please be aware that all of our clients have different needs, the questions in this form should only be answered if; you feel comfortable doing so, and, they're relevant to your intended stay at Anavoli. Your Care supervisor will be in touch with you to discuss your stay prior to your arrival if they aren't completing this form with you. If you require any clarifications while you're filling this form please contact Jules on 022 063 8968

Full name

I prefer to be known as	I like to be spoken to in	
My first contact person:		
Phone Number		
Second contact person:		
Phone Number		
Date and time checking in		
Date and time checking out		
My health conditions and relevan	t issues:	
1		
2		
3		
4		
5		
6		

Allergies and medic	our uici toi (iv	ou, centile	, chemicals	, с	eman, other	,	
GP:				DHN:			
Pharmacy:							
Medications:							
Name/Purpose	Time	Time	Time	Time	Time	Scripted	Given
My food preference own meals)	es: (you can	use this spa	ice to provid	le us your g	rocery list if	you intend to	o prepare your
Breakfast							
_unch							
Lancii							
Dinner							
Snacks							

Foods I don't like
Foods I can't eat
Mobility aids
Communication aids
General equipment requirements (please list any equipment you utilise so we can ensure it's onsite for
your arrival)
My preferred schedule (where this is relevant to care or services you'll be receiving from us)
My hobbies and interests (we can achieve just about any activity on or off site, some incur additional
expense, please give us your dream list and we will create a best fit package for your consideration)
My family members (past and present where relevant)
land the second street and present street and
My previous/current employment (where relevant)
iviy previous/current employment (where relevant)

Animals - please advise if you will be bringing a companion animal (guide dog etc) or would like to bring any pets with you.						
Anything else you'd like us to know for your stay, include any activities, services you'd						
like included in your stay						