	Very Special Kids	GOLDCARE NUMBER (CLIENT ID)	
		GIVEN NAME	
	Nursing Care Plan	FAMILY NAME	
	-Admission Form	DATE OF Birth	SEX

Instructions: To be completed by staff on admission.

Family Demographic details

Address of Child		Home Telephone	
Next of kin name		Mothers mobile number	
Next of kin Relationship		Father's mobile number	
Emergency contact name1		Emergency contact 1 telephone number	
Emergency contact name 2		Emergency contact 2 telephone number	
Email			

Diagnosis			
Recent Health update		**Resus Status**	
		Allergy	

This admission details

Select reason for Admission	❑ Hospital	❑ Respite	❑ Emergency	❑ End of Life	❑ Transition	❑ Other

Communication	
Mobility/Physiotherapy	
Trachy/Respiratory Care	
Personal Care/Hygiene	
Sleeping Routine/Pattern	
Bowel management	
Bladder management	
Dietary Intake (route)	
Treatment plans i.e Seizures, diabetes	
Cultural Beliefs	

Admitting Nurse Signature		Date	
Designation			