



CARE PLAN

Let-Go Supported Holidays
25 Cromer Road,
Poole,
Dorset. BH12 1NE.
Telephone: 01202 760311
Fax: 01202 763011

Date

Section 1

PERSONAL DETAILS

First name Last Name

What do you like to be called?

Date of birth

Age

Sex

Male

Female

Address

Telephone Number

Email Address

Religion

Post Code

NEXT OF KIN

Name

Relationship

Telephone Number

Post Code

Emergency Contact Details

DETAILS OF PERSON(S) TO CONTACT IN AN EMERGENCY

Person 1

Name

Address

Post Code

Relationship

Daytime Telephone Number

Evening Telephone Number

Person 2

Name

Address

Post Code

Relationship

Daytime Telephone Number

Evening Telephone Number

DOCTORS DETAILS

Doctors Name

Doctors Address

Post Code

Telephone Number

Out of Hours Telephone Number

Section 3

PERSONAL CARE

Do you prefer a bath or shower?

Shower Bath

How often do you like to bath/shower?

How often do you wash your hair?

Do you need a bath/shower seat?

Yes No

Please tick the relevant boxes below giving any comments that you think we should know.

Are you able to:

Personal care	No Support	Verbal Prompts	Physical Prompts	Full Support	Comments
Check water temperature.					
Operate bath taps.					
Get in and out of the shower.					
Get in and out of the bath.					
Wash body.					
Wash back.					
Wash face.					
Wash hair.					
Dry hair.					
Brush hair.					
Shaving. Wet or Dry.					
Brush teeth.					
Using Deodorant.					
If menstruating.					
Knowing the need to go to toilet.					
Able to go to toilet alone.					

Section 3 Cont.

PERSONAL CARE

Please tick the relevant boxes below giving any comments that you think we should know.

Personal Care	Independent	With Prompts	Day	Dry with Pads	Night Time	Comments
Continence.						

Are you able to:

Dressing	No Support	Verbal Prompts	Physical Prompts	Full Support	Comments
Choose suitable cloths.					
Able to dress.					
Able to undress.					
Know when to change clothing.					

Please provide any further information regarding your personal care you feel we should know.

Section 4

MOBILITY

Do you require a wheelchair? Yes No

Are you able to:

Mobility	No Support	Minimal Support	Physical Support	Full Support	Comments
Walk unaided.					
Walk up and down stairs unaided.					
Walk on uneven terrain.					
Can you get in and out of bed.					

Section 4 Cont.

MOBILITY

Please provide any further information about your mobility you think we should know.

Section 5

ABOUT YOU

Do you smoke? Yes No Do you drink alcohol? Yes No

Do you need help monitoring your alcohol intake? Yes No

Can you make yourself drinks? Hot Cold

What time do you like to go to bed?

What time do you like to get up?

Do you sleep well? Yes No If no please provide any further information.

What is your behavior like?

Good Mostly good Touchy Difficult Challenging

Please provide any further information about your behavior you think we should know.

Do you have any interests/hobbies? *Please circle any interests below you might have.*

- | | | | | | | |
|-------------|-------------|-------------|-------|-------|---------|-------------|
| Shopping | Sports | Sightseeing | Zoo's | Music | Theatre | Theme Parks |
| Water Parks | Massage/spa | Swimming | Beach | | | |

ABOUT YOU

If any other interests please list.

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Please tick the relevant boxes below giving any comments that you think we should know.

<u>Water Sport</u>	Yes	No	Comment
Do you like water?			
Can you swim?			
Do you like water sport?			

<u>Money</u>	Yes	No	Comment
Do you need support handling money?			
Would you like us to act as a bank for you?			
Do you need support writing postcards?			

	Yes	No	Comment
Do you wear a hearing aid?			
Do you wear glasses?			
Do you wear dentures?			

Are you afraid of anything?

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Section 5 Cont.

ABOUT YOU

Please provide any further information you feel we should know about yourself?

Section 6

FOOD AND DRINK

Are you on a special diet? Yes No *If yes please provide details*

Do you require help eating? Yes No *If yes please provide details*

Do you have any food dislikes? Yes No *If yes please provide details*

Section 7

HEALTH AND MEDICATION

Do you suffer from Epilepsy Diabetes Any allergies

Please give any further information about the above.

Do you take medication? Yes No

Can you self medicate? Yes No

If no please provide details

Can you take tablets? Yes No

Are you allergic to any medication or can not take due to other medication? Yes No

If yes please provide details

Do you take Warfarin? Yes No

Is your medication in MDS or Dosette packaging? Yes No

HEALTH AND MEDICATION

Please provide a list of current medication.

Medication	Day(s)	AM/PM	Dosage

Do you have a pacemaker? Yes No

Have you been admitted to hospital in the last 6 months? Yes No

If yes please provide details

Level of comprehension/capacity to consent.

Section 8

Things I like/Dislike

Think about what upsets you, what makes you happy, things you like to do e.g. watching television, reading, music. How you want people to talk to you. Food likes and dislikes, special needs, routines, things that keep you safe.

Likes	Dislikes

RISK ASSESSMENT

Please provide an assessment of foreseen risks to client whilst on holiday.

Risks	Suggested precautions	Justification

INSURANCE

It is not compulsory to have insurance if your holiday is within the UK, but it is advisable to arrange cancellation insurance for any UK holiday. Please contact us if you would like us to help you with this.

COMPULSORY IF TRAVELLING ABROAD.

It is the clients responsibility to arrange their own travel insurance. Please contact us if you would like us to help you with this. We will not be able to take you on holiday abroad without travel insurance. Lets-Go Supported Holidays require a copy of your insurance 14 days prior to your holiday.

I have enclosed a copy of my travel insurance with this care plan or agree to insure that I will send it to Lets-Go Supported Holidays at least 14 days prior to my holiday. *Please tick*

I declare that all information provided is true and correct to the best of my knowledge at the time of completion. Should there be any significant change to my/the clients health and/or well being prior to departure I will ensure that Let-Go Supported Holidays are informed.

Signed

Date
