



BRIDGE HOUSE

RESERVATION APPLICATION FORM

PRIVATE AND CONFIDENTIAL

2 Church Street, Dawlish, EX7 9AU
Telephone 01626 866850 Fax 01626 866676
E-mail: admin@rch.org.uk

To avoid cancellation, please ensure that this form is returned to the above address at least two weeks prior to arrival (unless it is a last-minute booking).

(To be completed by the applicant)

PLEASE PRINT IN CAPITALS

Surname: Forename:

D.O.B: E mail Tel No:

Address:
.....
.....

Accompanied by/or if staying independently, details of an emergency contact

Surname: Forename:

Relationship to guest: Tel No:

Address:
.....

Type of room(s) required

Ground Floor () 1st Floor () 2nd Floor () *Please note there is a lift to both floors, however in the event of the fire alarm sounding the only exit permitted is via the stairs, if you unable to manage the stairs please declare this at the time of booking*

Standard Room () Premium Room () Single () Twin ()

Sheets and blankets or Duvets preferred (please delete as applicable)

Bathroom facilities required

Bath () Shower over bath () Walk -in Shower ()

Arrival date and time: Staying for one 1 or 2 weeks:

Arriving by car/train/coach/other (delete as applicable)

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Pages 2 and 3 be Completed by a Health Professional

At Bridge House a qualified nurse is available 24 hours a day for advice and support, and in the case of an emergency. **(No Hands-on nursing is provided)**

CURRENT MEDICAL CONDITIONS (AND A LIST OF ALL MEDICATIONS OR A COPY REPEAT PRESCRIPTION)

.....
.....
.....

RELEVANT MEDICAL HISTORY/DIAGNOSIS.....

.....
.....

DNAR/TEP

KNOWN ALLERGIES

USE OF EPI-PEN? YES/NO

ANY PRESCRIBED ANTI COAGULANTS? FOR EXAMPLE, WARFARIN OR ASPRIN YES/NO

ANY INFECTIOUS CONDITIONS YOU ARE AWARE OF?

.....

ANY CARERS? IF SO, HOW OFTEN?

ABLE TO ADMINISTER OWN MEDICATION YES/NO

CAPABLE TO BOTH PHYSICALLY AND MENTALLY COPE WITH AND BENEFIT FROM THE TYPE OF BREAK OFFERED YES/NO

SELF-CARING WITH PERSONAL HYGIENE YES/NO`

ABLE TO USE NORMAL BATHROOM FACILITIES YES/NO
(SOME ROOMS ARE AVAILABLE WITH SHOWER ONLY/WET ROOM)

DISTRICT NURSE REQUIRED YES/NO

OXYGEN REQUIRED: YES/NO

SPECIAL EQUIPMENT REQUIREMENTS:
(RAISED TOILET/SHOWER SEAT) YES/NO (Please Specify)

INCONTINENCE PADS USED: YES/NO

STOMA OR CATHETER: YES/NO

INJECTIONS YES/NO
Self-Administered: YES/NO

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Page 3 to be completed by a Health Professional

HEARING AIDS	YES/NO left/right/both (delete as applicable)
VISUAL IMPAIRMENT	YES/NO
MOBILITY AIDS USED	YES/NO (Please Specify.....)
ANY OTHER REQUIREMENTS?	YES/NO (Please Specify)
.....	
.....	
.....	
.....	

PLEASE SIGN, DATE AND STAMP IF AVAILABLE

I have indicated any requirements for specific medical or nursing attention for the said person.

SIGNED BY Dr/Health Professional

Date.....

Stamp or Address of Practice etc:

IMPORTANT INFORMATION FOR GUESTS

CARE: We are unable to provide any clinical or personal care. However, in case of an emergency, a qualified Nurse is available on site 24hrs a day to provide advice and support.

DISTRICT NURSE: If treatment is required your own District Nurse must organise this **prior to the stay**. Please contact the District Nurse Liaison Office to arrange. They should be given relevant information for the treatment required. It is essential that the guest brings their care plan and all dressings, injections etc. required for the duration of the break. If a Carer is required during your stay, we can supply contact numbers for you to arrange this independently.

MEDICATION: Please ensure that we receive a copy of an up to date prescription form for all medication needs. Ensure all medical requirements for the duration of the stay are brought (inc catheters, dressings, warfarin etc.) We have a medical fridge located next to the Duty Managers office for any medicines requiring storage.

MOBILITY/EQUIPMENT: If there are mobility problems please advise us prior to arrival. Guests are advised to bring their own mobility aids. Mobility scooters may be hired locally for a charge. Please ask for details. Any special equipment required should be arranged by the guest. We can provide only raised toilet seats and suction grab rails if requested.

OXYGEN: If oxygen is required during the stay please organise this at least two weeks, if possible, before the stay through the oxygen supplier/G.P.A. Holiday Oxygen Order Form (H.O.O.F.) needs to be completed and sent to the oxygen provider. This will then be delivered directly to us.

TRAIN SERVICE: After 4.30pm, Dawlish Train Station is unstaffed. Guests requiring assistance should proceed to Teignmouth and alight there

DISCLAIMER: RCH reserves the right to refuse admission or curtail a booking if it becomes evident that a guest has not revealed or has misrepresented the facts about their medical condition, or if they are deemed by management to be unable to manage the type of break offered.

We want you to enjoy your break with us, so you leave refreshed and well rested, so it is very important for your own health and safety that you complete all questions fully and truthfully. In the event of a medical emergency, the information you have provided could be crucial. Please provide complete, accurate and up to date information on this form for us to accommodate you safely. RCH reserves the right to refuse admission to any guest who does not disclose a condition, infirmity, injury or ailment herein. No refund or compensation will be payable. If there are any changes to your physical/medical condition after submission of this form, you must notify RCH immediately. RCH reserves the right to request an up to date report from your GP in the event of any change for which you may be charged. If the information contained on this form is found to be inaccurate on your arrival at Bridge House, RCH reserve the right to decline your stay in the interest of your own health, safety and wellbeing.

A Copy of our Privacy Notice is available upon request or accessible on our website www.rch.org.uk
Charity Number: 1142608