



Settlers Retirement Village

Please complete the form and hand in at the office

INFORMATION ACCESS DOCUMENT FOR RESIDENTS.

Settlers Please Tick Settlers Rest

Name of Resident: _____

Address: _____

Phone/Cell number: _____

E-mail : _____

ID Number: _____ (Copy of ID)

Medical Aid: _____ (Copy of card)

Med Aid Number: _____

Doctors Name: _____

Next of kin: _____

NOK Cell Number: _____

What medications are you currently on: (Include name of Meds, dosage and frequency)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Known Allergies

- _____
- _____
- _____

Do you suffer from any chronic illnesses (Heart, Asthma, Emphysema, Diabetes, BP, CVA/TIA, Cancer, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Do you have any debilitating injuries or illnesses that would cause lack of mobility? (Spine, legs, arms, osteoporosis, osteoarthritis)

1. _____
2. _____
3. _____
4. _____