

Phoenix Stroke Club – New member information form

Please ask if you need help completing this form.

This information will be held securely at the club, but may be passed to the ambulance service, doctor or hospital in emergency. Please note that they may use this information to gather statistical data on a “no name basis”.

Surname	First name
Address	Date of birth
	Phone number and email
Emergency Contact/NOK Name	Relationship with Member
Address	Phone number and email
	<u>Home</u>
	<u>Work</u>
	<u>Email</u>
<u>GP Name</u>	<u>Surgery Address</u>
<u>Surgery Tel. No</u>	
Red Flag raised/things to keep an eye on	

Medication

We encourage all members to be as independent as possible in administering any prescription medication you may need to take whilst attending the club. Please ensure that any medications you bring with you are stored safely, and that you are able to administer your own medication from their original containers/blister packs. If you need help administering medications you must agree with the Club Manager, who may at their discretion be able to support you. This will only be possible if medications are sent in in their correct packaging and are included on the list below.

Please note we are not able to help with certain medications including liquids, eye drops, ointments and any controlled drugs.

Name of medicine	Strength	Dosage	Time
Photocopy of up-to-date description is acceptable			

Medical History

Date	Illness/Event	Effects or Problems due to illness/event if any

Where were you treated for your stroke?

Independence

In this section we need to gain an accurate reflection of your current level of independence in different areas. The Phoenix Club relies largely on Volunteers who are not professional carers, to run club days. If you have any special needs e.g. assistance in the WC, with walking, with speech, with eating etc., please let us know so that we can review if we are able to meet your current needs. If you would like the manager to meet you in the privacy of your own home to discuss any needs let the manager know.

Please note if your needs or medical conditions change in any way it may be necessary for the manager to reassess your membership of the Phoenix Stroke.

Mobility: please describe your level of ability including any equipment or personal assistance that you may need to use while at the club.

Mobility- Physio/OT assessment/comments

Speech: Tell us about how your speech has been affected e.g. dysphasia, comprehension/word finding; do you have any problems in making your needs understood etc.

Speech- SLT assessment/comments

Toileting: we need to have clear understanding of your toileting preferences e.g. no help required/wear pads/require help emptying urine bag/help with redressing/help with transferring to toilet etc. Also tell us about any equipment you use at home for toileting

Other needs: Please tell us about anything else that may affect your independence e.g. difficulty swallowing, prone to choking or anything else not covered on this form

Dietary Requirements	Allergies
Interest/Hobbies	Transport
	Own/volunteer/community car...

Main Carer information

<p>Are you happy for the Phoenix stroke Club to contact your main Carer regarding information that is relevant to Carers? Yes /No</p>
<p>Name of main Carer:</p> <p>Tel.no.:</p> <p>Email address:</p>

Media
<p>We occasionally take photos to be used on the Phoenix Club website, newsletter, and on social media. Please sign to say you give consent for us to use your photograph for such purposes.</p> <p>Name:</p> <p>Signature:</p>

Please inform us of any changes to your condition which may impact the level of support required.

Name of person completing the form	Relationship to member
Signature	Date

Review Date	Comments/Updates
Signature	
Review Date	Comments/Updates
Signature	
Review Date	Comments/Updates
Signature	
Review Date	Comments/Updates
Signature	

Revised: 01/12/2021