



**LIONS**  
NURSING HOME

Tel : 082-461493 Fax : 082-461494

**A Joint Project**

LIONS CLUB OF KUCHING HOST  
LIONS CLUB OF SERIAN  
LIONS CLUB OF KUCHING METRO  
LIONS CLUB OF KUCHING CITY  
LIONS CLUB OF KUCHING NORTH  
LIONS CLUB OF KUCHING IXORA

LIONS CLUB OF KUCHING STAMPIN PENDING  
LIONS CLUB OF KUCHING ALLAMANDA  
NEW CENTURY LIONS CLUB OF KUCHING EMERALD  
LIONS CLUB OF KUCHING HORNBILL  
LIONS CLUB OF KUCHING KOTA SAMARAHAN  
LIONS CLUB OF KUCHING KOTA SENTOSA  
LIONS CLUB OF KUCHING CENTENNIAL

Patron : **YBhg Dato Hjh Hannifah Hj. Taib Alsree**

Our Ref:

Your Ref:

Date:

**APPLICATION FOR ADMISSION TO LIONS NURSING HOME, KUCHING.**

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Race: \_\_\_\_\_ Dialect: \_\_\_\_\_ Religion: \_\_\_\_\_

**MEDICAL INFORMATION**

Please complete the following sections as fully as possible and tick ( ✓ ) where relevant.

1. **Diagnosis** \_\_\_\_\_

History of illness \_\_\_\_\_

Previous Hospitalization ( ) Yes, Hospital \_\_\_\_\_  
( ) No.

2. Type(s) and date(s) of **operation**, if any \_\_\_\_\_

**Allergies** (e.g food, medicine, others) ( ) Yes, Specify \_\_\_\_\_  
( ) No.

3. **Present Treatment**

(a) Medication (give details) \_\_\_\_\_

(b) Dressing (give details) \_\_\_\_\_

(c) Physiotherapy ( ) Yes ( ) No

(d) Occupational Therapy ( ) Yes ( ) No



(ii) Toilet

( ) Able to attend to own toilet needs

( ) Needs assistance in toilet needs

( ) Incontinent of bladder

( ) Incontinent of bowel

8. **Prognosis** \_\_\_\_\_

9. If patient is currently in Hospital/ Institution, please submit a medical report from the Hospital/ Institution.

10. Any other relevant information.

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\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Attending Doctor

Name:

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel:

\_\_\_\_\_

Please note that due to limited facilities at the Lions Nursing Home, the following type of cases may not be given priority for admission: -

- (i) Patients undergoing Radiotherapy.
- (ii) Patients with bed pressure sores requiring surgery.
- (iii) Patients who require regular follow-up at hospitals.
- (iv) Patients whose treatment requires laboratory monitoring.

## SOCIAL INFORMATION

1. Patient has a home ( ) Yes ( ) No
2. Patient has a home but:
- ( ) has no relatives or friends to help him/her
- ( ) requires more care than is available at home
- ( ) home conditions are unsuitable for his/her return from hospital
3. Particulars of members of patient's family (including those living apart)

	Name	Marital Status	Relationship To Patient	NRIC No	Occupation	Nett Monthly Income
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

4. Name of person who will be responsible for patient's Nursing Home Charges (give also NRIC No. Address and Telephone No.)

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5. Name of person to contact if patient dies (give also address and telephone no. if different from 4)

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6 Patient's financial status (gives reference number and amount if patient is receiving aid/pension. State amount if patient has savings)

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7. Reasons for seeking admission \_\_\_\_\_

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8. Length of stay (short-term or long-term)

9. Whether relatives and friends are agreeable to discharge later on \_\_\_\_\_

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Date

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Signature of Guardian

**Notes:-**

- (i) This is a nursing home which provides rehabilitation and basic nursing care for convalescing elderly Patients – **not a Hospital.**
- (ii) You are encouraged to request your usual family doctor to come and provide follow-up treatment for the patient.
- (iii) If any medicine is needed, you are to provide your own medicine.

**DECISION OF MEDICAL BOARD**

Name of Applicant : \_\_\_\_\_

Diagnosis : \_\_\_\_\_

Admission ( ) Approved ( ) Not Approved

If not approved, reason for rejection \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attending Board Doctor

\_\_\_\_\_  
Name of Attending Board Doctor

Note to Attending Doctor,

Please fax back this reply as soon as possible to **082-461494** for LNH prompt action.