

## New Customer form

Full Name

Known As

Date of Birth

Address

Postcode

Parking

Telephone 1

Telephone 2

Keycode                      location of box

Knock & Enter    yes    no

Is the new customer mobile?    yes    no

Plate up    yes    no                      Heat up    yes    no                      Handover    yes    no

Hospital stays last 3 months    yes    no                      Eating problems YES/NO

Falls last 3 months    yes    no

Support at home    yes    no

Mental Health problems    no    yes-details

Any previous criminal convictions    yes    no                      -

If yes, please give details.

Microwave    yes    no

Diabetic    yes    no                      Food Allergy    yes    no

Dementia    yes    no                      Alzheimer's    yes    no

Payment method weekly:    cash    BACS    Standing order

Start Date:

Where did they hear about us?

Referral made by :