

Fairseat Foundation



NAME

AGE.....

Blood Group ...DATE.....

Lone Tree Estate, Rosslyn

PO Box 670 Village Market,

00621 Nairobi, Kenya

Telephone: 0701719440, 073550:

Email: admin@fairseat.org

Medical Condition

1. Is he/she mobile? If NOT what aids does he/she require? E.g. Wheelchair, Zimmer Frame or sticks

Can he/she dress herself/himself and if not how much assistance does he/she require?

.....Is he/she of sound mind and if not how much has his/her mind deteriorated?

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2. Is there a history of major illness eg Heart attack, Hypertension, Stroke, Parkinson's Disease, Diabetes or cancer etc? If Yes what medication is he/she taking.....

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3. Is he/she depressive? If Yes what is he/she taking? Has he/she ever been violent, aggressive or disruptive

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4. Is he/she incontinent of urine or feaces? If Yes what is the management?

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5. Is he/she deaf and if Yes – does he/she wear a hearing aid?

6. Does he/she have deteriorating eye sight? If total, how much help does he/she need?
7. Is the applicant subject to fits at any time?
8. Does the Applicant require nursing?
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9. Has the Applicant been admitted to any Home or Hospital for treatment of mind or body?.....
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- If so – When?.....
- Where?
- Give details of complaint and length of stay for treatment
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10. Would the altitude in Nairobi be suitable?
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Is there any other health problem that should be brought to the attention of Fairseat Foundation Management?

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Please send a full medical report together with this answered questionnaire, giving a comprehensive list of all medications and of his/her general health including any history of old skeletal injuries, spinal injuries, or any other medical conditions of which you are aware.

Doctor:Signed

Address

Date