



Cricket Federation for People  
with Disabilities

## HOSPITAL ADMISSION APPOINTMENT SHEET (GRAB SHEET)

Name	Preferred Name
Address	D.O.B. :-
Emergency Contact No, Name :-	GP Name & Address
	Phone No.
Toilet Needs	Religion
My medical history (E.g. Epilepsy, Spine Bifida). If Epilepsy, what kind of seizure (If Known) or Description of seizure	Mr Regular Medication is :-  Medication Amended on :-  By :- Info From :-
I am allergic to :-  Tick (.....) <input type="checkbox"/>  Tick if tetanus injection is up to date <input type="checkbox"/>  Date of last injection	My Carers are :- Relationship to Carer :- Carers Address :-  Carers Phone No.
Communication Needs :-  I am blind/sight impaired <input type="checkbox"/>  I am hearing impaired <input type="checkbox"/>  I have no speech <input type="checkbox"/>  I communicate by <input type="checkbox"/> (e.g. Signing - Symbols - I Point)  If in pain I might show this by :- <input type="checkbox"/> (E.g. Shouting / spitting / teeth grinding).	Special Needs :-  Wheelchair User / Crutches <input type="checkbox"/>  Dietary Needs :- (e.g. diabetes, gluten free) <input type="checkbox"/>  Unable to feed myself <input type="checkbox"/>  Community Link Worker / Nurse <input type="checkbox"/>  Therapeutic Input <input type="checkbox"/> (E.g. Physio, swallowing service).
Signed by: - .....	Dated: - .....
Signed and witnessed by Parent / Carer: - .....	