



# RAJESWARY FOUNDATION

## PAIN & PALLIATIVE CARE, JAGATHY, TRIVANDRUM

Reg. No: T2797/07

### Admission form for Hospice

PHOTO

1. Name: in Block letters :  
2. Sex : Male/Female  
3. Date of birth & Age. :  
4. Profession :  
5. Address Details :  
i. Permanent :  
  
ii. Present Address :  
  
6. Contact Nos. Land line :  
Mobile. :  
7. Aadhar ID proof no. ;  
( Copy to be attached)  
8. Mail ID... :  
9. Details of ailments. a. :  
(with Dr certified copies) b. :  
c. :  
d. :  
  
10. Details of medicines in use on daily basis.  
(certified Dr. prescriptions)  
i :  
ii :  
iii :  
iv :  
v :  
  
11. Name of consulting Doctor :  
with contact no. :  
12. Name of hospital :  
(ref. card & treatment record copies) :  
  
13. Food habit...Veg/Non Veg :



**RAJESWARY FOUNDATION**  
**PAIN & PALLIATIVE CARE, JAGATHY, TRIVANDRUM**

Reg. No: T2797/07

---

14. Food restrictions as medically advised. :  
( copy of prescription if any)

15. Name of the reference person :  
( who directed to centre) & contact no.

16. Name of direct family members.

Sl. Name Relation Contact

i

ii

iii

iv

17. Name of responsible immediate Relation in case of :  
emergency & contact No.

Place  
Date

Signature of the Applicant



# RAJESWARY FOUNDATION

## PAIN & PALLIATIVE CARE, JAGATHY, TRIVANDRUM

Reg. No: T2797/07

### **Undertaking cum Declaration**

I..... residing at..... is the responsible person related as..... of the applicant Mr/Mrs..... seeking admission at Rajeswary foundation centre for availing the facility of nursing & palliative care needs and hereby agree to abide by it's normal rules.

I further confirm that I am fully conversant & agreeable with the facilities available at Rajeswary foundation centre & further understand

(a) That Rajeswary foundation centre is not a hospital or a specialised clinic equipped with medical infrastructure facilities to undertake expertise treatment for any decease.

(b) That it can only extend palliative care & nursing needs of advance aged or bed ridden patients with terminal illness who require such care & needs.

(c) That incase of any emergency situations I have to make alternative medical treatment arrangents or have to shift the applicant to a hospital of choice for an expertise medical care.

(d) That in case of any delay on my part to act on such emergent situations, I can not hold the Rajeswary foundation centre responsible for any shortcomings in handling the case under situations beyond any one's control.

Place  
Date

Signature  
Name.

Contact No..

### **Office Note**

Name of inmate.:  
Admission Date. :  
Reference No. :  
Payment made :  
Authorised person  
Adinistrative Officer :  
Prsident :

