

Tayside Regional Council
Social Work Department
(Dundee Division)

RESIDENTIAL CARE ADMISSION FORM

Name THOMAS TARRETTAddress 41 DUNMORE STDUNDEEAge 7 D.O.B. 27.7.73

Father

Occupation

Mother

Occupation

Siblings

Social Worker

Area

School Attended

Religion

Previous Periods of Care

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Previous Appearances before Court or Panel

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Description

Height

Weight

General Build

Colour/Appearance Hair

Eye Colour

Complexion

Facial Features

Other Information (Tattoos, Scars etc.)

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Initial Appearance, Attitude and
Reaction during Admission Period

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Reg. No. Bed No.

Admission Date(s) Reason(s)

15.9.80 OVERNIGHT

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Staff Assessment Completed (Date)

Visitors

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Result

Medical Notes

Personal Hygiene on Admission

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Skin Condition (Rash, abrasion, etc.)

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Examined by M.O. (Date)

Name of General Practitioner

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Remarks:

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