



Domein
Polderwind



Cura thuisverpleging

**APPLICATION FORM FOR NURSING CARE
FOR GUESTS AT HOTEL DOMEIN POLDERWIND**

TO FILL IN WHEN REQUESTING NURSING CARE

Care Hotel Domein Polderwind and Cura nursing group are committed to work together in function of providing a custom holiday with a quality care support for elderly people or people with a disability staying in the hotel Domein Polderwind at Zuienkerke.

Every demand for care at the hotel Domein Polderwind is executed by Cura home care and needs to be requested by this form.

Contactdetails

Name of the guest: (Name and first name)	
Address	
Telephone number	
Cellphone number	
E-mail-address	
Date of birth	
National register number	
Clientnumber of healthcare	

CONTACTPERSONS: Who can Cura home care contact in case of emergency?

Name/Kinship	
•	
Name/Kinship	
•	
Name/Kinship	
•	

GP

Name and contactdetails	

SPECIALIST

Name and contactdetails	

PREFERENCE OF HOSPITAL IN THE AREA?

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CONTACTDETAILS OF NURSING HOME CARE AT RESIDENCY

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DETAILS ABOUT THE PERIOD YOU ARE STAYING AND THE NEEDED CARE

Address	Zorghotel Domein Polderwind, Polderwind 4, 8377 Zuienkerke
Periode	From to
At arrival, start of the first care at :h	
At departure, last care at :h	
Please cross in which timeframe you would like to have the nurse to the hotel (multiple selections possible): <i>(Please note that the correct hour will be supplied at the frontdesk upon arrival)</i>	
<input type="checkbox"/> Morning : Desired hour between and <input type="checkbox"/> Afternoon : Desired hour between and <input type="checkbox"/> Evening : Desired hour between and	
What kind of care needed :	
Points of attention :	

For a smooth running of your care we ask that you bring a prescription of your doctor, as well as your identity card.

Please fill your details in on the form and e-mail it to domeinpolderwind@curando.be

Contactdetails Curando:

Pensionaatstraat 8a

8755 Ruiselede, Belgium

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