



Domein
Polderwind



Neyens Kurt thuisverpleging

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

TO FILL IN WHEN REQUESTING NURSING CARE

Care Hotel Domein Polderwind and *Neyens Kurt nursing* 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 *Kurt Neyens 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 Kurt Neyens contact in case of emergency?

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

GP

Name and contactdetails	

SPECIALIST

Name and contact details	

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
Period	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): (Please note that the correct hour will be supplied at the front desk upon arrival)	
<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 thuisverplegingneyenskurt@hotmail.be

Contactdetails Kurt Neyens:

Oud-Strijderslaan 11

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0032(0)50/39.39.82

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