



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. | |

Send the **completed document** along with the current **health care rate** and current **prescriptions** to thuisverplegingneyenskurt@hotmail.be

Contactdetails Kurt Neyens:

Oud-Strijderslaan 11

8200 Sint Andries Brugge

0476/318 402

thuisverplegingneyenskurt@hotmail.be