



CAD MS (care at door medical service trust)

Reg. No. : VJN-4-00138-2008/2009



DeepaShri Nursing and Rehabilitation Center with Old age Home

No.13, 3rd Main, 11th Block, Nagarbhavi 2nd Stage, Bangalore - 560 072 Ph: 9535669325, 9900028325

Registration form for CADMS service

REG.NO _____ **DATE** _____ **TIME** _____

1. Name of the Patient _____ Age/sex _____

2. Address of the Patient _____

3. Name of the Applicant _____ Relation _____

4. Phone No _____ Email.id. _____

5. Reference _____

6. DIAGNOSIS _____

7. Treated Doctor _____ in _____ hospital

8. Patient present condition: (Conscious / Disoriented / Unconscious)

9. Clinical signs :- Pulse ____/min, BP ____mm/hg, Temp _____, wt ____kg, GRBS _____

10. Catheter in situ:- yes/no , Ryle's Tube:- yes/no , peg Tube: yes/no

11. BED SORE yes/no _____, Tracheostomy tube: yes/no _____

12. CVS _____ RS-

13. CNS _____ ABDOMEN/SPINE _____

14. Lists of service required: **A.** General nursing care. **B.** Catheter and bowel care **C.** Peg tube feeding
D. Ryle's tube feedin **E.** BED SORE dressing **F.** Normal oral diet **G.** Physiotherapy **H.** Insulin injection **I.** Other wounds **J.** Medications- **a.** Oral() **b.** Injections()

15. Lists of medications: (Attached with prescription):

16. Health Insurance: Yes / No. If any: _____

I am here by declare and abide the Terms and Conditions of **CAD MS** and give the consent for service.

The applicant agree to pay **REG FEES** -----(**Non Refundable**) **VALIDITY**-----

SERVICE FEES-----

ADVANCE-----

Date:

Signature of applicant

CONSENT FOR ADMISSION IN DEEPASHRI HOSPITAL & CAD MS REHABILITATION CENTER.

We have been explained about the patient's condition and need of the rehabilitation, IN OUR OWN LANGUAGE UNDERSTOOD, and also leading complications like septicemia, renal, cardiac, respiratory failure leading on to death also if situation warranted., and also availability of primary medical care and non availability of ICU/VENTILATOR in the hospital/rehabilitation center. In case of deterioration of patient condition, referral to nearby higher center after informing us directly or via phone, In case the patient is mentally unsound & irritable, is he/she accidentally absconds from the center, we do not hold neither the hospital/rehabilitation staffs/doctors nor the management /chairman /secretary held responsible for the same. So we are giving the consent of the same.

Terms and conditions

- 1)The applicant agree to register his/her-beneficiary **PATIENT** with the **CAD MS** by paying registration fees after and further agree to avail the service from the **CAD MS REHABILITATION CENTER**
 - 2)The **CAD MS / DEEPASHRI HOSPITAL** nursing staff will give the treatment according to prescriptions made by the concerned doctors of the patient if for any reasons, the medication creates hardship, allergy, side effects and leads to death of the patients the **CAD MS – CHAIRMAN/SECRETARY/STAFF** nor their nursing persons be held responsible.
 - 3)The applicant undertake to pay the fees directly to the **CAD MS** in the form of Cheque or DD IN Favour of **CAD MS** not anyone else.
 - 4)The applicant can make the payment directly by NEFT/RTGS into **SBM** Chandra layout branch **CAD MS** Saving A/C no.**64043136195** IFSC Code : **SBMY0040712** or by couriering the cheque in the name of **CAD MS**, to **DR SREEDHAR C/O DEEPASHRI NURSING REHAB CENTER & OLD AGE HOME.NAGARBHAVI 2nd stage,# 13th , 3rd main, 11th block, Near . BANGALORE – 72**
 - 5) In case the applicant want to discharge the patient we require 1week prior notice , for 24 hours or sudden discharge the payment will be calculated for 15 days.
 - 6) In case the applicant want to discharge the patient within the first fortnight the service fee will be calculated for 15 days, or within 2nd fortnight will be calculated for one month irrespective of number of stay
 - 7) In case of death of the patient deposit amount is not refundable. Will be used for development of the Trust.
 - 8)In case the applicant want to take the resident to home during his stay for any festival or marriage etc prior written permission is mandatory either from RMO or Administrator.
 - 9) Applicant is responsible for going home in the occasions or discharge of the resident.
 - 10) Address proof and Identity proof of applicant & Resident is Mandatory.
 - 11) Applicant / Relatives of the resident can visit Rehab only from 11am -6pm
- I am her by declare and abide the Terms and Conditions of **CADMS** and give the consent for service

Date :

Signature of applicant