

# Care Home New Resident Form

*For completion by resident/relative/staff (as appropriate)*

**Name:**

**Where were you living before?**

Own home

Another care home

Other - please specify

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**Have you been in hospital in the last 6 months? If so, why?**

No

Yes - please specify

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**Why have you moved?**

**Please list the recent health issues that have been affecting you:  
(particularly any mental health concerns)**

**Do you have a DNR form?**

*A DNR (Do Not Resuscitate) form is a purple form that may have been completed by a hospital doctor or your previous GP.*

Yes	No
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