

CHECKLIST DURING ADMISSION



SR.NO	ITEMS/PERTICULARS	QTY/PAIRS	YES	NO
1	CLOTHES	6	<input type="checkbox"/>	<input type="checkbox"/>
2	NEPKINS	6	<input type="checkbox"/>	<input type="checkbox"/>
3	TOWELS	2	<input type="checkbox"/>	<input type="checkbox"/>
4	PERSONAL CARE ITEMS (e.g. soap, shampoo, hair oil etc.)		<input type="checkbox"/>	<input type="checkbox"/>
5	ALL PAST MEDICAL FILES (1 SET XEROX COPY)		<input type="checkbox"/>	<input type="checkbox"/>
6	REFERENCES OF 2 HOSPITALS (IF YOU HAVE)		<input type="checkbox"/>	<input type="checkbox"/>
7	2 FAMILY DOCTORS DETAILS (IF YOU HAVE)		<input type="checkbox"/>	<input type="checkbox"/>
8	CURRENT MEDICINES PRESCRIPTION		<input type="checkbox"/>	<input type="checkbox"/>
9	WHEEL CHAIR (IF NEEDED)		<input type="checkbox"/>	<input type="checkbox"/>
10	COMODE (IF NEEDED)		<input type="checkbox"/>	<input type="checkbox"/>
11	AIR BED (IF REQUIRED)		<input type="checkbox"/>	<input type="checkbox"/>
12	DRESSING MATERIALS (IF REQUIRED)		<input type="checkbox"/>	<input type="checkbox"/>
13	WALKER (IF NEEDED)		<input type="checkbox"/>	<input type="checkbox"/>
14	DRAW SHEETS	2	<input type="checkbox"/>	<input type="checkbox"/>
15	DIAPERS – 1 MONTH STOCK (IF USING)		<input type="checkbox"/>	<input type="checkbox"/>
16	1 MONTH MEDICINES STOCK		<input type="checkbox"/>	<input type="checkbox"/>
17	BLANKET		<input type="checkbox"/>	<input type="checkbox"/>
18	UNDER GARMENTS	6	<input type="checkbox"/>	<input type="checkbox"/>
19	DETTOLE/ABZORB POWDER (antifungal/antibacterial powder)		<input type="checkbox"/>	<input type="checkbox"/>
20	BODY LOTION (Vaseline or any) / COCONUT OIL		<input type="checkbox"/>	<input type="checkbox"/>
21	URINE BAG/CATHETER (IF USING)	4	<input type="checkbox"/>	<input type="checkbox"/>
22	MOBILE/JEWELLERIES/MONEY STRICKLY PROHIBITED			<input type="checkbox"/>
23	ROUND PILLOW/ U SHAPE PILLOW			<input type="checkbox"/>
24	PRIMARY / SECONDARY GUARDIAN ID PROOF WITH 1 PHOTO (Xerox) (ID Proof like licence, addhar card, passport)		<input type="checkbox"/>	<input type="checkbox"/>
25	ADVANCE PAYMENT: _____ Rs.		<input type="checkbox"/>	<input type="checkbox"/>

NOTE: SWARG COMMUNITY CARE IS NOT RESPONSIBLE FOR RESIDENT'S BELONGINGS OR ANY VALUABLE ITEMS IF LOST. IT IS TOTALLY YOUR RESPONSIBILITY TO TAKE CARE ABOUT YOUR PERSONAL BELONGINGS.