

Service User's Name:		Date of Admission:	Room No:	Keyworker:			
Check-list				Date Completed	Signature		
1	SERVICE USER'S ROOM:						
	1.1	Cleaned & Prepared					
	1.2	Satisfactory Hazard / Risk Assessment					
2	KEYWORKER APPOINTED: _____						
3	CARE FILE PREPARED						
4	ADMISSION RECORDS:						
	4.1	Admission / Discharge & Fire Registers					
	4.2	Admission Record Form					
	4.3	Personal Property Register					
5	PRE-ADMISSION RECORDS COMPLETED & INSERTED IN CARE FILE:						
	5.1	Service User Social Profile Form					
	5.2	Service User Medical Profile Form					
6	RECORD FORMS PREPARED FOR CARE PLAN & INSERTED IN CARE FILE:						
	6.1	Assessment of Needs for Daily Living					
	6.2	Service User's Funeral Arrangements					
	6.3	Record of G.P. Visits					
	6.4	Daily Report Sheet					
	6.5	Monthly Review					
	6.6	Medication Record Charts					
	6.7	Service User Self-Medication Assessment					
7	INTRODUCTION & ORIENTATION:						
	7.1	Introduction to other Staff Members					
	7.2	Introduction to other Service Users					
	7.3	Service Users' Handbook					
	7.4	Emergency Exits					
	7.5	Call Points / How to call for help					