



AKSHANA SENIOR CARE

No 570/2, 3rd Floor, Anna Salai, DMS,
Chennai-600 018 | Customer Care 9047666174
akshanaseniorcare@gmail.com | www.akshanaseniorcare.com

Date

Reg No

Resident Admission Form

Photo

Personal Information (Block Letters)

Full Name

Date of Birth Gender Age

Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Permanent Address

Contact Number Nationality

Aadhaar Number Religion

Emergency Contact Details

Primary Guardian Name Relationship

Contact Number

Alternative Person Relationship

Contact Number

Email

Medical Information

Existing Health Conditions: (Previous Treatment History)

S.No	Year	Treatment Centre

Medications Currently Taking: (Medicine Prescribed)

Allergies (if any)

Motivation Level Of Client ☐ Willing ☐ Unwilling ☐ Action Taken

Doctor’s Name Contact

Medical Insurance Details (if applicable)

Admission Preferences

Type of Stay: ☐ Short-Term ☐ Long-Term ☐ Respite Care **Room Preference:**
Special Assistance Required: ☐ Yes ☐ No (If yes, specify): ☐ A/c Room ☐ Non A/c Room

Payment Details

Payment Mode: ☐ Cash ☐ Bank Transfer ☐ Cheque ☐ UPI

Caution Deposit

Guardian Responsible for Payments:

Terms & Conditions – Akshana Senior Care

1. Admission & Eligibility

Residents must provide valid medical records and identification before admission.

Admission is subject to an assessment by our medical team to determine suitability for our care services.

Family members or legal guardians must complete all required documentation before admission.

2. Services & Care

We provide 24/7 medical supervision, personal care, and daily assistance.

Any special medical treatments or procedures beyond our standard care require prior approval from the resident's guardian/family.

Personal belongings and valuables brought by the resident are their responsibility; Akshana Senior Care is not liable for loss or damage.

3. Payment & Fees

All fees must be paid in advance on a monthly/quarterly basis.

Additional charges may apply for special medical treatments, therapies, or personal requests.

Late payments may result in service suspension or additional penalties.

4. Visitation Policy

Visiting hours must be followed as per the facility's schedule.

Family and friends are expected to maintain a peaceful environment during visits.

Prior notice is required for overnight stays or extended visits.

5. Resident Conduct & Safety

Residents are expected to respect staff, fellow residents, and facility rules.

Any behavior that threatens the safety of others may lead to reconsideration of their stay.

The use of alcohol, drugs, or any illegal substances is strictly prohibited within the premises.

6. Medical & Emergency Procedures

In case of medical emergencies, Akshana Senior Care will arrange immediate medical assistance and inform the resident's family/guardian.

The family/guardian must ensure that medical insurance details are up to date.

7. Notice Period & Termination

A 30-days prior notice is required for discharge or termination of services.

If a resident is immediately discharged, the full rent for that month will be collected.

In case of emergency discharge, special approval must be taken from the administration.

8. Termination & Discharge

The facility reserves the right to discharge a resident if:

The medical condition requires specialized care beyond our scope.

There is non-compliance with facility rules or non-payment of dues.

The family/guardian requests discharge with due notice.

9. Liability & Indemnity

While we strive to provide the best care, Akshana Senior Care is not liable for unforeseen medical complications or natural causes affecting residents.
The facility will not be responsible for injuries caused due to personal negligence of the resident.

By availing our services, you acknowledge and agree to abide by these terms.

Declaration & Consent

I, _____ (Resident/Guardian), hereby declare that the information provided is accurate and complete to the best of my knowledge. I understand and agree to abide by the terms and conditions of Akshana Senior Care.

Resident Signature:

Guardian Signature:

(Attach Xerox copy with your application for Proof of Address , Age, Mobile number)

For Office Use Only

Admission Approved By:	_____
Date of Admission:	_____
Room Assigned:	_____
Special Notes:	_____