



# THE AGED FAMILY UGANDA

P.O. Box 2882 Kampala, Mob: 256-77-522138 / 077-424503

Fax: 256-41-345580

Email: [aged@tafu.org](mailto:aged@tafu.org), Website: [www.tafu.org](http://www.tafu.org)

---

---

## HOSPITAL HOME CARE SERVICE APPLICATION FORM

### 1. PARTICULARS OF THE PATIENT/ CLIENT

- (i) Name .....
- (ii) Sex ----- Age ----- Language .....
- (iii) Tribe ----- Religion .....
- (iv) Village ----- Zone ----- Parish .....
- (v) Division ----- District .....
- (vi) Address ----- Tel-----

### 2. PARTICULARS OF THE EMERGENCY CONTACT

- (i) Name .....
- (ii) Age ----- Sex ----- Village .....
- (iii) Relationship to the patient .....
- (iv) Contact Address ----- Phone .....
- (v) Email-----
- (vi) Place of work .....

### 3. PARTICULARS OF THE PERSON PAYING ACCOUNT

- (i) Name .....
- (ii) Age ----- Tribe ----- Sex ----- Religion .....
- (iii) Village ----- Zone ----- Parish-----
- (iv) Division ----- District .....

**4. DETAILS OF THE PATIENT IN HOSPITAL**

(i) Hospital ----- Ward ----- Bed Number -----

(ii) Date of Admission -----

(iii) Reason for Admission -----

**5. MEDICAL INFORMATION**

(i) Contact medical personnel if any -----

(ii) Phone ----- Address -----

(iii) Current medications-----

-----

(iv) Past medical history -----

-----

<b>If applicable</b>	<b>Tick</b>	<b>Tick</b>	<b>Tick</b>
<b>Vision</b>	Normal	Impaired	Blind
			Glasses
<b>Hearing</b>	Normal	Impaired	Deaf
<b>Mobility</b>	Independent	Requires assistance	Bed bound
- Aids used	Walking Stick	Support	Frame
			Wheel chair
- Transfers	Independent	Requires assistance	Requires stretcher
- Falls in the last year -	Yes	No	
<b>Toileting</b>	Independent	Requires assistance	Assistance in bed
- Bladder	Continent	Incontinent	Catheter
- Bowels	Continent	Incontinent	Colostomy bag
<b>Personal care</b> (washing/dressing)	Independent	Requires supervision	Requires assistance
<b>Skin</b>	Intact	At risk	Broken/sores
<b>Diet</b>	Normal	Special	
- Feeding	Independent	Requires assistance	Tube feeding
<b>Behaviour</b>	Cooperative	Resistive to care	
<b>Mental State</b>	Alert	Disorientated	
<b>Other</b>			

## CONTRACT FORM

Thank you for contacting TAFU, a **Specialist Gerontologists Organization**, to take care of your patient. The contract is signed between The Aged Family Uganda (TAFU) and .....to carry out the services marked below for the period of time of..... Starting on the date of.....up to.....

SERVICES	Tick	Cost US \$	Cost UGS	Remarks	Duration
1. Professional fee		\$ 28	50,000	One off fee	
2. Hospital care		\$ 11	20,000	Per day	
3. Home Care		\$ 8	15,000	Per day	
4. Meals				Negotiated, on request	
5. Arrange visit to Doctor				Fuel only	
6. Doctor's visit (consultation fee)		\$28	50,000	Does not include transport cost	
7. Keep in contact with relatives by phone or by email				On request at no extra cost	
8. Management of medical investigations, tests and bills.				After estimated amount has been deposited in TAFU's account.	
9. Physiotherapy Consultation		\$28	50,000		
10. Home management, modification or improvement.				Amount negotiated, on request	

I agree that the information given above is true and I agree to pay for the stated services, to be provided within the responsibilities, terms and conditions stated below.

**DISCLAIMER NOTE:**

By signing this form I have entrusted all the powers to TAFU to take care of my patient at home or in the hospital. Basing on that authority entrusted to TAFU, I stand to accept any eventualities that may occur to the patient and in the family, provided it is not due to negligence by TAFU.

Total amount charged.....total amount paid..... balance.....

**I ----- on the date of ----- I do hereby agree that I have entrusted all the powers and the authority to TAFU to take care of my patient on the stated services within the period of time.**

Signature .....

Signature .....

NAME.....

NAME .....

*For the family of the patient.*

*For TAFU*

## Responsibilities, terms and conditions of service

### **A. It is the responsibility of TAFU to:**

1. Ensure the nursing aide is properly trained and qualified.
2. Know the nursing aide's background and past working record.
3. Regularly supervise and monitor the nursing aide's work.
4. Organize a replacement when the nursing aide is off duty.
5. Provide guidance, advice and counseling to patient and family members, if requested.
6. Transport the patient to and from hospital if fuel costs have been agreed upon and met.
7. Ensure that necessary records of medication and daily routines are kept, if requested.
8. Keep in contact with the patient's relatives by phone locally and by E-mail internationally

### **B. It is the responsibility of the Nursing Aide to:**

1. Be calm, polite, respectful and patient at all times.
2. Maintain personal hygiene.
3. Assist with personal care of the patient – washing, bathing, dressing and toileting, as required.
4. Assist with mobility, if required.
5. Administer medication or supplements on time and in the proper dosage.
6. Ensure that the patient receives meals on time and takes enough to drink. Adhere to any diet plan given by a Health professional or family member. If necessary, prepare light meals or give advice to whoever may be preparing the meals. However, getting involved in cooking is discouraged as this takes the nursing aide away from patient care.
7. Laundry of the patient's clothes and bed sheets. Bed sheets are to be changed every day or as often as the need may arise.
8. Cleaning of the patient's bedroom, bathroom, and sitting areas.
9. Cleaning of utensils such as containers used in the bedroom or living room by the patient.
10. Staying with the patient, communicating and providing companionship.
11. Assist with exercises recommended by a physiotherapist or Doctor.
12. Accompany the patient if he or she wants to go to any public place like the Church.

### **C. It is the responsibility of the family to provide to the nursing aide:**

1. Information on the norms and standards of the family.
2. A cordial working relationship.
3. A conducive working environment, including protective hygiene equipment.
4. Food and water when staying at the client's home.
5. Opportunity to exercise professional judgment and to make suggestions.
6. Permission to have free time, access the media, visit relatives, when time permits and as negotiated.
7. Assumption of responsibility for the patient when the nursing aide has a break, as negotiated.
8. Permission to worship in any kind of accepted faith provided the faith is not controversial to the norms of the family.

### **D. Terms and Conditions.**

1. Nursing aides must wear protection when providing care
2. TAFU reserves the professional right to change the nursing aide, if required.
3. Fees are to be paid to TAFU. TAFU will pay the nursing aide.
4. TAFU will supervise and monitor the care provided by the nursing aide to the patient.
5. The nursing aide should not be retained by the family without the knowledge of TAFU.
6. The nursing aide should not be delegated work done by houseboys or house girls.
7. The nursing aide is liable to pay for any damage or lose caused while on duty, not TAFU.