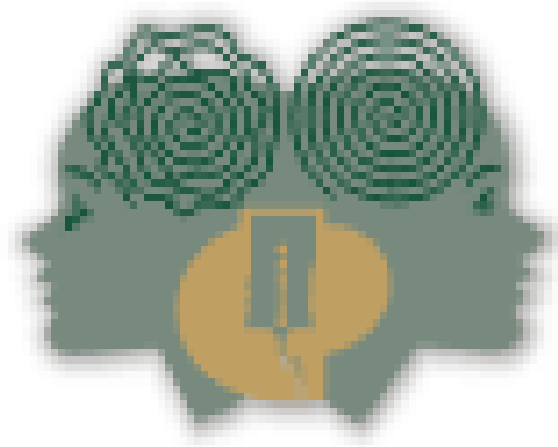


APPLICATION FORM

Application No:.....



CADABAM'S

Charitable Trust®

..... In Pursuit of Excellence in Mental Health Care

"ARPITHA"

CENTRE FOR SHORT & LONG TERM REHABILITATION

ADDRESS

Gulakamale Village, Near Kaggalipura, 17th Mile Kanakapura Road,
Post – Taralu, Bangalore – 560082.
Karnataka, India.

Phone: 080-28432867 / 986 / Fax: 080-28432840 Cell: +91 9611194949

E-mail : cadabams@bgl.vsnl.net.in / info@cadabams.org

Website: www.cadabams.org



Application No:.....

Patient Name :

Details of the Applicant (Parent/Guardian)

1. Name :

Age:

Occupation:

Address: Res:

Office:

Contact Details

Cell:

Office:

Res:

E-mail:

Fax:

Annual Income of Parent/ Guardian:

PAN No:

2. Local Guardian (if any)

Name:

Age:

Relationship with the Patient:

Occupation:

Address: Res:

Office:

Contact details: Cell:

Office:

Residence:

Fax:

E-mail:



Application No:.....

III. Personal Details of Patient

1. Family Information

Father's Name:	Age:	Occupation:
Mother's Name:	Age:	Occupation:

Sibling (In the order of Birth):

Name	Age	Sex	Occupation	Contact details

- 2. Family history of Cardiac problem/ Diabetes/ Hyper tension/ Asthma / Epilepsy/ Mental Illness / Suicide/ Homicide/ Alcoholism/ Drug Abuse.
- 3. Home Atmosphere – Pleasant/ Cordial/ Disturbed

IV. Developmental History

- 1. a) Details of Birth : Normal/ C. Section/ Forceps Delivery:

b) Any Problems during or immediately after birth:

- 2. Mile stones :
Head Stability, Crawling, Sitting, Standing, Walking, Speech, Bladder Control & bowel Control :
(Describe in case of any delay or problems in above mentioned mile stone developmental stage)



Application No:.....

3. Childhood:
(Up to 12 Years)

Scholastic History:
Relationship with friends:
Problems with siblings:
Temper tantrums :
Running away from school/ stealing/ lying:

4. Adolescence: (12 to 18 Years)

Scholastic History:
Relationship with friends:
Problems with siblings:
Changes in Behaviour:
Running away from School/ Home / Stealing/ Lying:

5. Adult hood:

Academics :
Relationship with friends:
Problems with siblings:
Changes in Behaviour:
Discontinuation of Education:
Staying away from home:



Application No:.....

V. **Marital status :** Married/Unmarried/ Divorce/ Separated/ Widow/ widower

a) Name of the Spouse

b) Age of the Spouse

c) Occupation

d) Address:

e) Contact details: Cell:

Office:

Res:

Fax:

E-mail:

f) Relationship with spouse – Cordial / Disturbed

g) Sexual relationship: Normal / Deviant / Indifferent

4. Details of the Children :
(In the order of Birth)

Name	Age	Sex	Occupation	Contact Details



Application No:.....

IX. Suicidal tendency (Attempt):

(Describe the Episode with day, year, mode of attempt & Lethality)

X. Escaping Tendency

Has the patient escaped /attempted to escape from Home or Institution: Yes No

Do you think the patient may try: Yes No
to escape from the Institution

XI. Physical details of the patient

- | | |
|-----------------|-----------------|
| 1. Complexion : | 2. Height : |
| 3. Weight: | 4. Birth Marks: |
| 5. Eye Sight: | 6. Speech: |
| 7. Hearing: | |



Application No:.....

XII. For Women Patients

1) Menstrual History :

Last date of Menstruation:

Regularity of Menstrual Cycle:

Regular / Irregular:

Problems before or during Menstruation:

Can she take care of herself:

2) Details about pregnancy:

No of Pregnancies:

No of Live births:

Deliveries – Normal/ C-Section / Forceps:

Problems during Pregnancy/ Delivery:

No of abortions (If any):

Induced / spontaneous

Child rearing practice:

3) If she has attained menopause :
(Stopped Menstruation)

When was the last Menstruation:

Problems during & after menopausal Period:

Application No:.....

Patient Name:

Center:



**CADABAM'S
GROUP
Rules and Regulations
For Rehabilitation and Care**

General

Cadabam's provides Short Term and Long Term Rehabilitation and care for persons with Mental Illness, Mental Retardation & Addiction to alcohol & Drugs, who are in need of Rehabilitation, Residential Care & Treatment in an institution.

Rules and Regulations

1. On admission the Resident and Parents/Guardians should abide by the Rules and Regulations. (on Admission the patient will be referred to as resident)
2. The Parents/Guardians shall be responsible for any damage, breakage, accidents, injuries caused by the Resident to the materials and property of the Cadabam's and to the personnel and other co-residents of the Centre.
3. The Cadabam's is only a Caretaking and Rehabilitation Centre. The Resident is accepted for this purpose only.
4. Any civil or criminal liability inviting legal action on the Resident existing before admission or arising later shall not be the responsibility of the Cadabam's.
5. If the Resident requires hospitalization due to Illness or surgery or specialist consultation or investigation etc the same shall be arranged by the Cadabam's. In such cases all expenses arising out of the additional medical care shall be met by the Parent/Guardian. Except in case of emergency, as far as possible prior information to parents / Guardians will be given.
6. As an alternative to the above, the Parents/Guardians will be at liberty to arrange for treatment in a Hospital of their choice with the concurrence of Cadabam's.
7. Phone calls can be made to the residents and the counselor by Family or persons authorized by Family between 2 pm – 3 pm on stipulated numbers and days. No visitor will be allowed to see Residents even if they are authorized if they reach the premises after 5 p.m. Regarding correspondence, only the persons authorized by the family can write to residents and the letters should be addressed to us which will be passed on to Resident. As per our norms, all outgoing letters will have to be given by the resident to the respective counsellor and will be dispatched from the office.
8. No cell phone shall be permitted to be kept by resident in his/her possession and if the same is found, it will be taken and kept in safe custody with us to be handed over to family
9. While full security is provided in the Centre to prevent escape, attempts of suicide/ suicide by resident, in the event of such any instance happening beyond our control, Cadabam's shall not be held responsible for such unfortunate instances.

Signature.

For Cadabam's Group

(Parent/Guardian)

(Authorized Signatory)



Application No:.....

10. Liabilities under certain circumstances:

It may be necessary for us to send Resident outside the Centre on errands, for walks, for Medical Check-up and treatment, for shopping, for prayers at places of worship, movies and picnics for entertainment and recreation etc. all considered necessary for the well being and rehabilitation of the Resident and such outings may be by foot or a vehicle (public or private). During such outings we shall not be held responsible should anything untoward happen to the Resident.

11. The Cadabam's reserves the right to discharge resident and send him/her back to the residence in the event of non payment of bills within the due date or any other default including not getting resident discharged on expiry of the agreed period of Rehabilitation, the entire cost of which shall be borne by the family.

12. Allotment of Accommodation :

Allotment of shared or single accommodation shall depend on the physical and mental health of the prospective Resident as revealed in the medical reports and history. The preference of the family will also be given due consideration. But the prime consideration shall be the safety and well being of the Resident as well as other Residents of the Centre.

If the mental and physical condition of the Resident who is provided with shared accommodation warrants shifting to single room at a later date & if so done difference in the fees shall have to be paid by family / guardian.

13. Personal Attendant:

Either at the specific request of the family, or if the physical & Mental condition requires the services of an exclusive personal attendant on full time or part time basis, the same will be provided, the cost of which shall have to be met by the Family/ Guardian.

14. Visits

Parents/ Guardians should periodically visit the Cadabam's Centre to look to the welfare to their ward and also have discussions with the doctors and Counsellors. The visits shall be between 10.00a.m. and 4.00p.m. To meet Doctors and Management prior appointment is advisable.

15. Leave of absence (Short and Long term period)

Residents can be taken out of the Centre with the approval of the Administration/ Doctor/ Counsellor for short or long durations. This however shall be at the discretion of the above authorities and their decision shall be final. During the period of Leave of absence no financial concession/ rebate shall be given.

16. Smoking

Smoking shall be regulated as may be advised by the Doctors.

17. Medication

Administration of medicines shall be strictly as prescribed by the Doctors.

Signature.

For Cadabam's Group

(Parent/Guardian)

(Authorized Signatory)



Application No:.....

18. During the period of stay in the center, the Resident shall not be eligible for any special privileges, except those permitted by the Management, and their decision shall be final.
- a) Resident should participate in all Rehabilitation programmes and activities planned for him/her by the Centre.
 - b) No VCR or VCD shall be permitted and these will not be provided.
 - c) If resident is in the habit of smoking/ chewing tobacco, it may be necessary on the basis of medical advise to restrict him from consuming of tobacco, beedi, cigarette, gutka, pan parag etc.
 - d) Consumption of alcohol/drugs in any form is strictly prohibited.
 - e) No valuables or cash is permitted to be kept with resident.
19. Cadabam's shall not be responsible for any loss or Damage to the personal belongings of the resident like clothes, electronic items etc.,
20. Monthly caretaking fees of Rs. should be paid before 5th of every month and debit note bill have to be paid before 20th of the month. In case of late payment an overdue charges of Rs. 300/- per day to caretaking fee or 10% on the debit note amount will be charged.
21. Caution amount deposited will be refunded within 45 to 50 days from the day of discharge.
22. All disputes are subject to Bangalore jurisdiction only.

Signature.

For Cadabam's Group

(Parent/Guardian)

(Authorized Signatory)

Dated:

Name:

Address:

11/17



**CADABAM'S
Group**

Application No:.....

Patient Name:

Dated:

DECLARATION

I have read and understand the Rules and Regulations of Cadabam's and agree to abide by the same.

I also agree that Cadabam's will have the liberty to discharge and send my ward to my residence at my cost in case I default in my obligations.

**Signature.
(Parent/Guardian)**



Psychiatrist's Report (Continued)

5.	b) Periods of recovery, return to Premorbid level of functioning, If any, specify duration		
	c) Reason for relapse (Tick accordingly) and also specify	Stressors at <input type="checkbox"/> WORK <input type="checkbox"/> HOME <input type="checkbox"/> <input type="checkbox"/> Drug Non Compliance <input type="checkbox"/> Factor inherent in the disease process	
	d) Residual deficits please specify		
	Current Medication		
	Drug	Dosage	Duration
	a)		
	b)		
	c)		
	d)		
	ii) Opinion I) Regarding Prognosis		
	iii) Relative or Guardian's Commitment towards recovery		
	iv) Special Recommendations, if any		
	Place:		
Date:	Signature of the Psychiatrist with Seal		



CADABAM'S
(PSYCHO-SOCIAL REHABILITATION CENTRE)

Application No. :

Date:

PHYSICIAN'S REPORT
(Regarding Physical Health)

Name of the Doctor:	
Qualification:	
Address :	
Contact No. : Clinic:	Cell:
Details of Patient -Name:	Age:
WT:	BLOOD GROUP:
Complexion:	IDENTIFICATION MARK:
Speech:	Hearing:
B P:	Sugar:
Any History or current problems of asthma, Diabetes, Hypertension, Cardiac, Skin, Hypersensitivity to any Drug Etc.,	
Your Opinion on the general health of the patient:	
DATE:	SIGNATURE WITH SEAL



CADABAM'S

PSYCHO-SOCIAL REHABILITATION CENTRE

General information and Instructions
(To be retained by the Candidate's Family)

1. The patients are accepted for short/long term residential care based on the recommendations of the psychiatrist, who has been treating him/her or at the request of family and the person needing such care.
2. Request for admission should be made by the parents / guardians / person concerned in the prescribed application form, obtainable from the office of the CADABAM'S or down loadable from website. On receipt of completed application form, the request will be reviewed by the Admission Committee. On approval of the committee the patient will be admitted as short or long term resident, as the case may be, after fulfilling the other terms and conditions stipulated by the CADABAM'S.
3. A thorough psychological and physical check up of the patient shall be made at the time of admission.
4. Payments must be in form of Demand Draft in favor of **ARPITHA**. Payable at Bangalore or cash. Amount payable can also be transferred directly to the following Current A/c No. 27500200001523. Cheques will not be accepted.
5. At the time of admission the applicant is required to bring sufficient number of
 - a. Clothes like regular day wear, Undergarments, winter wear, Night clothes & have to be marked with indelible ink for identification
 - b. Personal items like soap, comb, tooth brush, towel etc., which the patient habitually uses. (for atleast initial one month)
6. Duly filled Application should be accompanied with:
 - a) Psychiatrist's report(where applicable)
 - b) Brief History of the candidate from childhood(if applicant feels he needs to furnish details in addition to that filled in application)
 - c) Recent Photograph 3 No's each of full size and passport size
 - d) Physician report (where applicable and available)
7. For any assistance Please Call general help line at 9611194949 between 9.00a.m. & 5.00p.m.

For Office Use

Name of Patient

Application No:

Accommodation:

Referral : Psychiatrist/ Website/ Other Residents family / Justdail

Package: Monthly/ Annual /De-addiction / Weekly

Rounds:

Attended by: