

**HAIRDRESSING SERVICE**

**APPOINTMENT REQUEST**

**To be completed by: Ward Manager**

**When to complete: When appointment required**

**When complete: Email to LaFS and Hairdresser:** **LeisureandFamilyServices@rhn.org.uk****mgiles@rhn.org.uk**

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| --- | --- |
| **Resident Name** |  |
| **Ward** | Choose an item. |
| **Appointment & Price (Man cut, Ladies cut, Colour etc)**  | Choose an item. |
| **Date requested –** | Click or tap to enter a date. |
| **Date of treatment –** | Click or tap to enter a date. |
| **Authorisation for appointment:** ***(Ward Manager)*** |  |
| **Authoriser for expense *(name)*** |  |
| **Authorisation for expense *(signature)******to identify authoriser please refer to L:/PMS Authorisation/PMS Withdrawals authorisation*** |  |
| **I confirm ward assistance has been requested by the hairdresser and will be provided for this patient on the day of hair treatment.**  **( Ward Manager)** |  |

**NB: *Before sending referral please ensure that the resident has an RHN account with adequate funds to cover the cost of the requested service.***

 ***Hair dye is to be provided by the resident.***