



COMPANION HEALTHCARE AGENCY

HOME CARE / NURSING AND RECRUITMENT

PHYSICAL ADDRESS: BLK 530, Odeneho Kwadaso,
Off Lawyer Baffoe Bonnie Street, Same Building of DOF Health Care Institute
Email: companionhealthagency@gmail.com www.facebook.com/comfortcareh.com
Tel: +233 204 307 625 / +233 242 369 436 / 0242-216823 / 0233-336178 / 03220-96890

Our Ref:..... Your Ref:..... Date.....

SERVICE REQUEST FORM

CLIENT'S PERSONAL INFORMATION

NAME: **...MR JOSEPH ASUBONTENG.....** MARITAL STATUS: **...WIDOWER**
SEX: [M] AGE: **.....88 YEARS....**
ADDRESS: **.....KROFOFROM.....**
TEL:..... EXTRA CONTACT NO:.....
RESIDENCE:..... **GPS**.....
E-MAIL:.....
RELIGION: **...CHRISTIAN.....** DENOMINATION: **...METHODIST**
NATIONALITY: **...GHANAIAN** ID TYPE /NO:.....
WITNESS: **...MR DANSO ASUBONTEG.....** CONTACT NO.: **...0558432809.**

CONTRACTUAL AGREEMENT BETWEEN COMPANION HEALTHCARE AGENCY AND CLIENT (MR ASUBONTENG)

This agreement is made between Companion Healthcare Agency, herein referred to as the service provider and MR ASUBONTENG (Client) to set terms as follows:

1. Main RESPONSIBILITIES (AGENCY)

- PHYSIOTHERAPY,
- FEEDING,
- PERSONAL HYGIENE,
- DRUG ADMINISTRATION,
- CONVERSATION,
- BED MAKING,
- PSYCHOTHERAPY
- LAUNDRY
- FOOD PREPARATION
- HOSPITALS REVIEWS
- ASSISTANCE IN WALKING
- REPOSITION,
- VITAL SIGNS MONITORING
- DOCUMENTATIONS AND REPORTING TO OFFICE OR IN-CHARGE: ADM, DOCTOR, ETC.

2. Treat the person with dignity, respect, freedom to movement and worship.
3. The person is protected against all forms of Abuse-physical and verbal assaults sexual harassment, discrimination and right infringement.
4. That the agency has agreed to provide professional healthcare services to the client at an agreed fee of Ghc50 per **DAY** and for a one-time registration fee of Ghc200.00.
5. That the Agency through its representative is to report at post for 24 HOURS.



6. That under no circumstance should the client engage the agency representatives outside the remits of their professional engagement without the written consent of the agency.

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07. The Agency reserves the rights to review it's representatives when their actions or

inactions has the propensity to discredit the Agency in the execution of their professional assignments but in close consultation with the client.

8. The Agency reserves the right to legally take the client on should they unscrupulously engage their representatives solely by setting aside the contractual ties between the client and the agency to deal directly with the representative.

9. Where the Agency dismisses a representative for breaching contractual terms, the client has no right to engage the said representative within the next 24 months.

10. The Agency through the execution of their professional work through their representative has oversight responsibility over their clients within the remits and confines of their stated and assigned jobs.

11. The Agency promises through their representatives to provide the best of professional services to see to the recovery and wellbeing of the client.

12. Dissolution of contractual terms should be served on a three months' notice prior to its effect when there is no breach of contract from both parties other than death which can result in abrupt dissolution.

13. **MODE & RATE OF PAYMENT: VIA MOMO-0242369436/BANK DEPOSIT-CBG: ADUM-0263987100001 MONTHLY**

14. **DECLARATION:**

15. On behalf of the client

I/We.....declare that, I/we shall fulfill all obligations (in Cash and kind) related to this service request.

(a) T&T (b) Service charge

I/we do hereby append my/our signature

OFFICE USE ONLY

ACCEPTED (*) DECLINED () REASONS:

ASSIGNED PERSONEL...LINDA OPOKU (HAC)...

OFFICER-IN-CHARGE:

ALBERT CHURCHER. SIGN:.....DATE 24/12/2020

PA EMMANUEL AMOATENGDATE 24/12/2020