GILLESPIE HOUSE INN | Parrsboro, Nova Scotia

OCT 23-25 2026

A DIGNIFIED, JOYFUL GETAWAY FOR MOBILE, LOW-SUPPORT OLDER ADULTS.

Respite LUXURY WEEKEND

BASE PRICE

$699 plus tax

A downpayment of $398.43 is required upon registration

Capacity
6 guests

Program Overview

A Weekend of Their Own is a luxury two night getaway for **older adults** who are cared for at home and could use a few days of rest, company, and gentle activity — while the family members who care for them get a break too.

Guests stay at Gillespie House Inn with full access to its amenities, dine together, and take part in a curated program of social, recreational, and wellness experiences. A Recreation Programmer leads the activities, a certified Foot Care Nurse offers a signature in-house treatment, and a Yoga Instructor trained in adaptive movement for older adults leads a gentle practice. An LPN and CCA are present on-site for support if and when needed — this is a hospitality experience first, with reassurance and genuine comfort built in, not a care program.

Guest profile:
mobile, able to manage stairs independently, low support needs, sociable.

GILLESPIE HOUSE — INN —

Book our spot!
retreats@gillespiehouseinn.com
www.gillespiehouseinn.com

GILLESPIE HOUSE INN | Parrsboro, Nova Scotia

LUXURY *Respite* WEEKEND

Guest Eligibility & Pre-Arrival Wellness Questionnaire: Please complete this form as accurately and completely as possible. It is intended to be completed by the guest, and/or a family member or legal representative applying on the guest's behalf. "A Weekend of Their Own" is a non-clinical, luxury two night respite experience for mobile, low-support older adults. An LPN and CCA are present on-site for general reassurance only — this is not a supervised or clinical care program, and staff are not able to provide continuous one-to-one monitoring, personal care, or medication administration. Accurate answers help us keep your loved one, and all our guests, safe and comfortable.

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Section A — Guest & Contact Information

Guest's full legal name: _____

Date of birth: _____ Phone: _____

Home address: _____

Primary emergency contact (name & relationship): _____ Phone: _____

Secondary emergency contact (name & relationship): _____ Phone: _____

Family physician / care provider: _____ Phone: _____

This form completed by (name): _____

Relationship to guest: _____ Date completed: _____

Section B — Mobility

1. Can the guest walk independently, without physical assistance from another person? Yes No
2. Does the guest use a mobility aid (cane, walker, wheelchair, etc.)? Yes No
3. If yes, please specify the aid used and any conditions on its use:_____
4. Can the guest manage stairs independently? (Please note: the Inn is a heritage property and some areas are only accessible by stairs.) Yes No
5. Can the guest transfer independently (e.g., bed to chair, on/off the toilet, in/out of a tub or shower)? Yes No
6. Has the guest experienced a fall in the past 12 months? Yes No
7. If yes, please describe (circumstances, frequency, any resulting injury): _____
8. Does the guest have any known balance, gait, or vestibular concerns? Yes No

Section C — Self-Care (Activities of Daily Living)

Please indicate whether the guest can independently perform each of the following, without hands-on assistance or reminders from another person:

9. Bathing / showering Yes No
10. Dressing Yes No
11. Toileting and continence care Yes No
12. Eating / feeding themselves Yes No
13. Managing and taking their own medications on schedule, without prompting Yes No
14. Are there any tasks above that the guest can do, but only with reminders or set-up? Please describe: _____

_____

15. Please list any known allergies (food, medication, environmental): _____

_____

Section D — Cognitive & Memory Status

16. Has the guest been diagnosed with dementia, mild cognitive impairment, Alzheimer's disease, or a related condition? Yes No
17. Can the guest reliably recognize a potentially unsafe situation and respond appropriately (e.g., ask for help, follow a staff member's safety instruction)? Yes No
18. Does the guest have any history of wandering, becoming lost, or becoming disoriented, particularly in unfamiliar environments? Yes No
19. Can the guest clearly communicate their needs, symptoms, or discomfort to staff who are not familiar with them? Yes No
20. Has there been any hospitalization, or any noticeable change in memory, cognition, or behaviour, in the past 6 months? Yes No
21. Please share any additional context about the guest's memory or cognition that would help us support them well: _____

_____

Section E — Medical & Health Information

22. Please list all current medical conditions/diagnoses: _____

23. Please list all current medications, doses, and times taken: _____

24. Does the guest have any condition requiring monitoring (e.g., diabetes, cardiac, respiratory, seizure disorder)? Yes No

25. Has the guest had any surgery or hospitalization in the past 3 months? Yes No

26. Anything else our on-site LPN/CCA should be aware of? _____

Section F — Physician / Care Team Confirmation

We ask that families confirm with the guest's physician or care team that a low-support, non-clinical social respite stay of this kind is appropriate for the guest at this time.

27. Has the guest's physician or care team been consulted about this stay and confirmed the guest is suitable for it? Yes No

Physician name (optional): _____

A brief physician's note or letter of clearance may be attached to this form and will be kept on file with the guest's registration.

Section G — Attestation

By signing below, I confirm that:

- The information provided in this questionnaire is accurate and complete to the best of my knowledge.
- I understand "A Weekend of Their Own" is a non-clinical hospitality program, and that the on-site LPN and CCA provide general reassurance only, not continuous supervision, personal care, or medical monitoring.
- I understand that Gillespie House Inn may decline a reservation, or ask a guest to be picked up early, if the guest's mobility, self-care, or memory needs are found to exceed the scope of this program.
- I understand that a separate Waiver of Liability and Release Agreement must also be signed before the guest's participation is confirmed.

Signature: _____ Date: _____

Printed name: _____ Relationship to guest: _____

Ready to join us?

Simply complete the registration form and email it to retreats@gillespiehouseinn.com.

Once we receive your form, a member of our team will be in touch personally to arrange your payment details and help make sure everything is taken care of for your experience with us.