

ENQUIRY/ APPLICATION FORM

SECTION A

1. Details of Person Requiring Care

CARE REQUIRED: Residential Care Respite

Surname: _____ Given names: _____

Preferred name: _____

Address: _____

Suburb: _____ Postcode: _____

Home phone: _____ Mobile: _____

Marital status: Married Single Widowed Other

DOB: _____ Country of birth: _____

Preferred language: _____ Religion: _____

ACAT APPROVAL: Yes NSAF No. _____ No

MEANS TEST Yes No

2. Details of Primary Contact

Surname: _____ Given names: _____

Preferred name: _____

Address: _____

Suburb: _____ Postcode: _____

Home phone: _____ Mobile: _____

Email: _____

Relationship _____

SECTION B

3. Health / Benefit Details

Medicare no: _____ Position on card: []
 Expiry Date: _____

Pension Concession Card No: _____ Full: [] Part: [] No: []
 Type: _____ Expiry date: _____

DVA No: _____ Gold [] White [] Orange []

4. Enduring Power of Attorney

Has the resident appointed an Enduring Power of Attorney? Yes [] No []

(A certified copy of the EPOA will be required for our records)

EPOA 1 Details:

Financial [] Health [] Advanced Health Directive [] Administrator [] Guardian []

Surname: _____ Given names: _____

Preferred name: _____

Address: _____

Suburb: _____ Postcode: _____

Home phone: _____ Mobile: _____

EPOA 2 Details:

Financial [] Health [] Advanced Health Directive [] Administrator [] Guardian []

Surname: _____ Given names: _____

Preferred name: _____

Address: _____

Suburb: _____ Postcode: _____

Home phone: _____ Mobile: _____

5. Advanced Health Directive

Do you have an Advanced Health Directive? Yes [] No []

(A certified copy of the Advanced Health Directive is required for our records)

6. Health Care Services

Name of Doctor: _____

Address: _____

Suburb: _____ Postcode: _____

Business phone: _____ Mobile: _____

Will your GP provide care outside normal business hours? Yes [] No []

Name of Dentist: _____ Phone no: _____

Date last seen: _____

Name of Hearing Specialist: _____ Phone no: _____

Date last seen: _____

Name of Vision Specialist: _____ Phone no: _____

Date last seen: _____

7. Falls History

Fall Description 1 (most recent) _____

Fall Description 2 (prior to most recent) _____

8. Funeral Arrangements

Name of Funeral Directors: _____ Phone no: _____