

Admission Enquiry Record

			Please pla	ace Resident information Label here				
	Resident:							
	DOB:							
	Admission Da	ate:						
			· · · · · · · · · · · · · · · · · · ·					
☐ Permanent residential care ☐ Respite residential care								
Prospective resident info	mation							
Full name: Date of birth:								
Address:								
Address.								
Phone contact (1):								
Phone contact (2):								
	☐ Home	Home ☐ Hospital ☐		☐ Residential Aged Care				
Medicare Card Number:								
Pension / DVA Number:								
	☐ Christian ☐ Church of Christ ☐ Catholic ☐ Anglican ☐ N/A☐ Other — Please Specify							
		Divorced	■ Separated	☐ Single				
Contact Information								
Next of Kin:								
Relationship:								
Address:								
Phone contact (1):								
Phone contact (2):								
Residential care approval	information							
Approval:	☐ High Care		Low Care	Respite				
Date of Approval:				·				
Copy of Current ACAT Attached:								
Expiry of Approval								
(low care): Facility sighted by:								
Health Information								
Diagnoses: (Please provide as much information as possible)								
	Dementia related							
☐ Yes ☐ No	Able to walk (independently or with aids)							

□ Yes □ I	Vo	History of wandering or getting lost?						
□ Yes □ I	Vo	Special needs: if yes specify:						
OTHER:		Comment:		YES	NO			
Has prospective i	resident			120				
been registered v								
Aged Care?								
Note: This must I	be done							
before placement								
waitlist will occur.								
Has income and	assets							
information been submitted								
to Centrelink?	0							
Are you ready to	come into							
care now? If not								
provide an approx								
timeframe.	······································							
Would you like to	he							
contacted by the								
Auxiliary with reg								
Auxiliary activities								
fundraisers being								
If so, please prov								
email address.	,							
Signature:			Date:					
oignature.			Date.					
Name/Designa	tion:							
(Office use only)							
Record of cont								
Date:	Comment	S.						
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