

Pre-Admission Details	Name of Hospital:
Application Date:	Ward No:
	Social Worker:

Part A Resident Details			
Surname		Given names	
Address		Phone	
Date of Birth		Date 3020 approved	
Pension No.	Full / Part / Non-pension	Aged/DVA	Medicare No.
Please indicate your current accommodation			
<input type="checkbox"/> House <input type="checkbox"/> Rental <input type="checkbox"/> Housing Commission <input type="checkbox"/> Retirement Village <input type="checkbox"/> Hostel <input type="checkbox"/> Other			

Part B Person responsible for care and support		
Surname	Given name	Relationship
Address		Phone
Is there a guardianship order in place <input type="checkbox"/> Yes <input type="checkbox"/> No Details.....		Power of attorney <input type="checkbox"/> Yes <input type="checkbox"/> No Details

Part C Attending doctor details	
Name	Phone

Part D Medical details	
Diagnosis	
.....	
Allergies (including food).....	
Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No

Part E	
Bed Booked Date	Holding Fee <input type="checkbox"/> Yes <input type="checkbox"/> No Deposit.....

Part F Prior to Admission	
Note:	
<ul style="list-style-type: none"> ▪ All electrical items have to be checked and tagged ▪ Clothing labelled ▪ No responsibility accepted for lost valuables 	

Completed by	Relationship	Date
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