Outlook Gardens

Respite Application Form

Please mail completed form and any correspondence to:
The Residential Services Manager,
Outlook Gardens Aged Care Facility,
504 Police Rd, North Dandenong. Vic. 3175
Phone: 9795 7566. Fax: 9795 2088

The details completed on this form must be true and correct in every respect.

Outlook Gardens Aged Care Facility is collecting the information on this form for the purpose of processing your application and assessing the level of medical care appropriate to your needs.

Any information collected on this form will not be disclosed to any individual or organisation without your consent.

If you would like to know more about privacy at Outlook Gardens Aged Care Facility, including your right to seek access to any of the information collected on this form please contact the General Manager on 9795 7566.

Personal Details

Surname:		Given Names:	
Address:			
Home Phone No:		Mobile No:	
Email Address:			
Sex		Male ☐ Female ☐	
Date of Birth:		Country of Birth:	
Preferred Language:			
Do you speak English:		Yes ☐ No ☐	
Marital Status:	Single ☐ Widowed ☐	Separated ☐ Married ☐	Divorced ☐
Occupation before retirement:			

Religion (Denomination):	
Church Affiliation (Congregation):	
Name of Minister/ Priest:	
Address:	
Phone No:	

Medicare Number
Please enter the 10 digit Medicare number and the individual reference number (IRN). The IRN is the number to the left of the name of the Medicare card

										IRN	

Details of Spouse (If applicable)

Name:	
Address:	
Home Phone No:	

Details of Children

Name of 1st contact:			
Address:			
Home Phone No:		Business No:	
Email Address:		Mobile No	

Name of 2nd contact:			
Address:			
Home Phone No:		Business No:	
Email Address:		Mobile No	

If you have no children, or if you here so nominate, the following will be contacted to take responsibility for your affairs if and when necessary.

Name of 1st contact:			
Address:			
Home Phone No:		Business No:	
Email Address:		Mobile No	

Name of 2nd contact:			
Address:			
Home Phone No:		Business No:	
Email Address:		Mobile No	

Details of Present Accommodation

Are you living by yourself?	Yes ☐ No ☐
Are you living with relatives or friends:	Yes ☐ No ☐
Are you living in a Retirement Village?	Yes ☐ No ☐

Physical Condition

Can you walk without an aid?	Yes ☐ No ☐
If no specify what you are using:	

Can you dress/undress yourself?	Yes ☐ No ☐
Can you shower independently?	Yes ☐ No ☐
Can you use the toilet by yourself?	Yes ☐ No ☐
Can you eat without assistance?	Yes ☐ No ☐
Can you look after your own medication?	Yes ☐ No ☐

Do you have special dietary requirements?	Yes ☐ No ☐
If yes, please specify:	
Describe your health	Good ☐ Fair ☐ Poor ☐

Do you suffer from any disability, eg arthritis, blindness etc?	Yes ☐ No ☐
If yes, please specify:	
Are you having regular medical treatment for an ongoing condition	Yes ☐ No ☐

Doctors Details

Name:	
Address:	
Phone No:	
Fax No:	

Have you been assessed by an Geriatric Assessment Team	Yes ☐ No ☐
If yes please provide a photocopy of your current Assessment If no please arrange for an assessment as soon as possible	

Any other details you may wish to mention	

Power of Attorney Details

Name:	
Address:	
Phone No:	
Email Address:	

This application must be signed by the prospective resident, except in cases where the applicant suffers from *Senile Dementia* or *Alzheimers Disease,* in which case the appointed Power of Attorney should sign

Signed:		Dated:	