



537 Cleveland Redland Bay Road
VICTORIA POINT QLD 4165
Phone: 3820-8700
Facsimile: 3820-8711

PRE-ADMISSION RESIDENT APPLICATION – HIGH / LOW CARE

Please complete and return to the above address with a photocopy of the current A C A S Approval.

Mr / Mrs / Miss / Ms SURNAME: _____ DATE: _____

GIVEN NAME: _____ SECOND NAME: _____

HOME ADDRESS: _____ P/CODE: _____

DATE OF BIRTH: _____ RELIGION: _____ MARITAL STATUS: _____

DOCTOR: _____ PHONE: _____

DIAGNOSIS: _____

PENSION NO: _____ FULL/ PART/HEALTH CARD/DVA/NIL please circle

MEDICARE NO: _____ CARD REF NO: _____ EXPIRY DATE: _____

PRIVATE HEALTH COVER: YES NO FUND NAME: _____

ADVANCED HEALTH DIRECTIVE: YES NO

PREVIOUS ADMISSION OTHER FACILITY: YES NO
Date of Admission: _____ Bond Paid YES NO Amount: _____

DATE OF A.C.A.S APPROVAL: _____

APPLICANT'S PRESENT LOCATION: _____

ENDURING POWER OF ATTORNEY: _____

PERSON RESPONSIBLE FOR PAYING ACCOUNT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ P/CODE: _____

PHONE: HOME _____ BUS _____ MOBILE _____

NEXT OF KIN: _____ RELATIONSHIP: _____

ADDRESS: _____ P/CODE: _____

PHONE: HOME _____ BUS _____ MOBILE _____

ALTERNATIVE N.O.K.: _____ RELATIONSHIP: _____

ADDRESS: _____ P/CODE: _____

PHONE: HOME _____ BUS _____ MOBILE _____

SEPARATION DETAILS: BURIAL / CREMATION please circle

UNDERTAKER: _____ PHONE: _____