Lady of Grace Aged Care Facility

ADMISSION ENQUIRY **CR 1**	Potential Resident's Surname: Given Name:

Date of Enquiry: _____

Potential Resident's name: Mr / Mrs / Dr / Ms_____

Date of Birth: _____ Age_____ ❒ Male ❒ Female

Religion: _____Country of Birth_____

Medical Practitioner _____Tel:_____

Current Location: _____

Pension Status: ❒ Non ❒ Part ❒ Full. Pension Type: _____

Extra Services: ❒ Yes ❒ No

Name of person making enquiry _____Relationship to Resident_____

Contact Number: home_____work_____mobile_____

Authority for Placement

A.C.A.T. Assessment.

Interviewer: (print) _____ Contact Person: _____

Signature: _____ Date: _____

Team: _____ Date Completed: _____ Copy received: Yes ❒ No ❒

HEALTH STATUS

Diagnosis: _____

_____

Level of assistance required with activities of living:

(please tick ✓)		none	some	major	extensive	
i)	washing/dressing	❒	❒	❒	❒	_____
ii)	toileting	❒	❒	❒	❒	_____
iii)	eating	❒	❒	❒	❒	_____
iv)	mobility	❒	❒	❒	❒	_____
v)	communication	❒	❒	❒	❒	_____

Continence status: bladder_____ bowel _____

Sensory status: vision: _____ aids: _____

hearing: _____ aids: _____

Cognitive status: _____

Behaviours: _____

SPECIAL NEEDS

	yes	no	
Gastric feeding:	❒	❒	_____
Wound care:	❒	❒	_____
Urine drainage:	❒	❒	_____
Oxygen therapy:	❒	❒	_____
Secure environment:	❒	❒	_____

Other: _____

Speaks/understands English: Yes _____No _____Primary language spoken_____

Special cultural/religious requirements:_____

Smoker: ❒ Yes ❒ No

Visit Checklist

(please tick ✓)	yes	no	n/a
Tour of facility:	❒	❒	❒
Facility Information Pack provided:	❒	❒	❒
Financial declaration form issued:	❒	❒	❒
Bed availability discussed:	❒	❒	❒

Statutory Declaration (Assets) - Concessional ☐ Assisted ☐ Non Concessional ☐

Once completed, file in Admission Enquiry Folder.

FOLLOW UP CONTACT

Date	Comment

Date bed offered to applicant: _____

Applicant accepted: ❒ Yes ❒ No

Admission date: _____

Pre admission leave required: ❒ Yes ❒ No Days: _____

On admission, file in Resident's Clinical Records.