



APPLICATION FOR CARE

Facility Name: Stillwater Gardens Rest Home & Continuing Care

Admission Date: _____

Unit & Room Number: _____

Given Names: _____ Surname: _____

Known as: _____

Sex: M/F

Admitted From: _____

Age: _____ Date of Birth: _____ Birth Place: _____

Doctor: _____ Religion: _____

Community Card No: _____ Expiry Date: _____

Assessment Classification: Stage II / Stage III / Continuing Care NHI: _____

Assessed by: _____ Date: _____

Next of Kin:

1. Name: _____ Relationship: _____

Address: _____

Phone: _____

2. Name: _____ Relationship: _____

Address: _____

Phone: _____

Enduring Power of Attorney: (Please Delete) PROPERTY/PERSONAL CARE & WELFARE

1. Name: _____ Relationship: _____

Address: _____

Phone: _____

(Please Delete) PROPERTY/PERSONAL CARE & WELFARE

2. Name: _____ Relationship: _____

Address: _____

Phone: _____

Exit/Transfer Details: (office use only)

Date: _____

Details: _____

Other Family Contacts/Comments: _____

Office use Only

Accounts:

Subsidy: _____ Status: Transfer: _____
 Applied for: _____ Date: _____
 Approved: _____ Date: _____

Private: _____ Monthly Account _____
 Automatic Payment _____ #Days _____

Contact: _____

Fire Evacuation: Independent/Needs assistance/Wheel chair/Walker.

Breakfast what preferred: _____

Tea List: what preferred: _____

Table position: next to: _____

Diabetic: _____ Sided Plate: _____ Moulid Meal: _____

Hair Needs: _____ Set: _____ Cut: _____ Perm: _____ How Often: _____

Door Name: eg Hobby: _____

Long Term: _____ Relative Relief: _____

Other: _____

Registered Nurse to Complete

1. Obtain Medication and relevant Medical Forms (SNAF) _____
2. Fill in Transfer/discharge form. _____
3. Return of M/T Evaluation _____
4. Return of Drs Forms _____

Office Staff to Complete

1. Put on petty cash card. _____
2. Put on Computer--- Customer list/Accounts. _____
3. Photo required. - Records and Valuables _____
4. Client Contract Returned and Signed _____
5. Birthday List/Tea List/Breakfast List/Doctors/
Fire Evacuation/Residents Register Updated _____
6. Check all forms are filled in properly. _____