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 prefered:_____

Tea List: what prefered:_____

Table position:next to:_____

Diabetic:_____Sided Plate:_____Moulied 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.*_____