

Ridleyton Greek Home for the Aged (Reg)

Registered Address:
89 Hawker Street
Brompton SA 5007

ABN: 91 927 549 135 - 002
Telephone: 8340 1155
Fax: 8346 3112

RESIDENT REFERENCE DATA

(Please fill in all sections and return to Admissions Officers)

SECTION 1

About the Resident	
Name of Resident:	Surname:
	Given Name: Other Name:
	Date of Birth:
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Defacto <input type="checkbox"/> Never Married

Language/s Spoken:	First:	Second:
	Greek:- <input type="checkbox"/> Able to Read Greek <input type="checkbox"/> Able to Write Greek	
	English:- <input type="checkbox"/> Able to Read English <input type="checkbox"/> Able to Write English	

Ambulance Number:	Expiry Date:
Medicare Number:	Expiry Date:
Pension Number:	Expiry Date:
Private Health Ins.	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Private Health Insurance Number:

Religion:
Name of Preferred Clergy:
Contact Phone Number of Clergyman:

SECTION 2

Resident Affairs are Managed By:					
Resident:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Guardianship Board	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family Member:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" to Family Member	Name:				
	Address:				
	Phone Numbers: Home:		Work:	Mobile:	
If "Yes" to Power of Attorney:	Name/s:				
	Address:				
	Phone Numbers: Home:		Work:	Mobile:	
If more than one person has Power of Attorney, please state in the space provided below.					
Name:					
Address:					
Phone Numbers: Home:		Work:	Mobile:		

SECTION 3

Next of Kin / Emergency Details

Contacts:

1.	Name:			
	Address:			
	Phone Numbers: Home:	Work:	Mobile:	
	Relationship to Resident:			
2.	Name:			
	Address:			
	Phone Numbers: Home:	Work:	Mobile:	
	Relationship to Resident:			
3.	Name:			
	Address:			
	Phone Numbers: Home:	Work:	Mobile:	
	Relationship to Resident:			
4.	Name:			
	Address:			
	Phone Numbers: Home:	Work:	Mobile:	
	Relationship to Resident:			

SECTION 4

Other questions

Is the resident the recipient (or have they been in the past, or will they again be in the future) of a Compensation Entitlement payment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the resident a self-funded retiree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where did you hear about Ridleyton Greek Home for the Aged?	(Tick all that apply): <input type="checkbox"/> Friends and Relatives <input type="checkbox"/> GOCSA Events <input type="checkbox"/> Other Health Professionals <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Other Family Members have been residents <input type="checkbox"/> Wider Greek Community <input type="checkbox"/> My Aged Care Website	

I submit that the information I have entered on this Form to be true and accurate to the best of my knowledge. I agree that I have sought help in understanding the content of this Form (if it has been needed) and that my concerns have been clarified by staff.

Signed: Name: (resident / representative)

Date:/...../..... Relationship to resident (if applicable):