



Retirement Village & Aged Care Facility

Resident Details

Surname:..... First Names:.....

Preferred Name:

Phone: Mobile:

Date of Birth: Citizenship:.....

Allergies:

Diet:

Special Needs / Diagnosis:

Other Information:

Gender: Primary Language:

Aborigine or
Torres Strait Islander:..... Secondary Language:

Country of Birth:

Religion: Marital Status:

Membership Details

Medicare Card Number: Centrelink Number:

Name as it appears on
Medicare card: DVA Number:

Medicare card
Expiry date Transport Access Scheme: **Yes / No**

Private Health Insurance
Provider: Ambulance
Member Number:

Private Health Insurance
Membership Number: Nominated Hospital:

Funeral
Arrangements: Diabetic
Association Number:

Funeral
Director:

continued overleaf



Retirement Village & Aged Care Facility

Contacts

Primary Contact

Name:

Address:

Telephone Number
(Work):

Telephone Number
(After hours):

Mobile:

Relationship:

Email Address:

Next of Kin

Name:

Address:

Telephone Number
(Work):

Telephone Number
(After hours):.....

Mobile:

Relationship:

Email Address:

Secondary Contact

Name:

Address:

Telephone Number
(Work):

Telephone Number
(After hours):

Mobile:

Relationship:

Email Address:

Power of Attorney

Power of
Attorney:

Telephone Number:

Enduring Power
of Attorney:

Telephone Number:

Enduring
Guardian:

Telephone Number:

Doctor

Doctor:

Doctor's Fax:

Telephone Number:

Mobile:

Telephone Number
(After hours):

Email: