

Client Details

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Birth Date: _____ Martial Status: _____

Cultural Details

Religion: _____

Country of birth: _____

If not born in Australia, first year you entered Australia: _____

Languages Spoken: _____

Is an interpreter required? Yes NoAre the family, friends or others who can translate? Yes No

If yes, please provide details: _____

Electoral Role DetailsAre you on the Electoral Roll? Yes No

If yes, address noted on roll: _____

Do you wish to remain on the roll? Yes NoDo you wish to vote? Yes No**Next of Kin - Person Responsible**Living with client? Yes No**Primary Next of Kin:**

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone Home: _____ Work: _____ Mobile: _____

Email: _____

Relationship to client: _____

Second Next of Kin:

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone Home: _____ Work: _____ Mobile: _____

Email: _____

Relationship to client: _____

Fund Details

Pension Details

Retired Veteran/DVA client? Yes No

DVA Pension Type: Gold Orange White

Australian Defence Force Military Health Number: _____

Australian Pension Card Number: _____

Pension Card Expiry Date: _____

Australian Full Pension: Yes No N/A

Australian Part Pension: Yes No N/A

Overseas Pension: Yes No N/A

Overseas pension country details: _____

Expiry Date: _____

Health Fund Details:

Health Fund: _____

Membership Number: _____

Position on Card: _____ Expiry: _____

Relationship to client: _____

Medicare:

Medicare Number: _____

Individual Reference Number: _____

Expiry: _____

Power of Attorney / Enduring Power of Attorney / Guardian

Select:

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone Home: _____ Work: _____ Mobile: _____

Email: _____

Relationship to client: _____

Additional Contacts: _____

Select: Power of Attorney / Enduring Power of Attorney / Guardian

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone Home: _____ Work: _____ Mobile: _____

Email: _____

Relationship to client: _____

Billing Details

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone Home: _____ Work: _____ Mobile: _____

Email: _____

Relationship to client: _____

Doctor Details

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

Confirmation GP will visit Villaggio: Yes No

Funeral Director

Nominated Funeral Director: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____

Cremation / burial / family-private grave: _____

Care Details

Glasses: Yes No Reading Only

Hearing Aides: Left Right No Aides

Dentures (if yes please detail cleaning regime/adhesive used)

Top: Partial Full None

Bottom: Partial Full None

Comments: _____

Highest level of schooling completed: _____

Mobility

Aides required to mobilise? Yes No

Sticks 4WWF / Walking frame Wheelchair Bedbound

Assistance or supervision required to transfer? Yes No

Comments: _____

SHOWERING

AM PM Preferred time(s): _____

Daily 2nd Daily Other frequency: _____

Full assistance Setup / Supervise Shower chair

TOILETING – urine

Independent toileting Yes No, supervision / assistance required

Continent of urine Yes No

Wears Continence aides Yes No (if yes please provide details)

History of Urinary Tract Infections Yes No

Catheter IDC SPC None

Independent with catheter Needs assistance with catheter

Frequency of catheter change: _____

Catheter last changed on: _____ Next due: _____

Comments: _____

TOILETING – bowel

Constipation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Haemorrhoids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Continent of faeces	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Wears Continence aides	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Stoma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(if yes please provide details)

Frequency of bowels opening: _____

Comments: _____

COGNITIONMemory Loss: Yes (please provide details) No

Details / Comments: _____

SELF - MEDICATION: Yes No

Please get GP to complete and sign self-administer medication form

BEHAVIOURS

- History of wandering or getting lost: Yes (please provide details) No
- History of refusing medications: Yes (please provide details) No
- History of refusing personal care: Yes (please provide details) No
- History of verbal or physical aggression: Yes (please provide details) No

Details / Comments: _____

RECENT FALLS

- no falls in the last 12 months one or more falls between 3 & 12 months ago
- one or more falls in the last 3 months

Details, including number of falls and causes if known: _____

SUBSTANCES

Villaggio Sant' Antonio is a no-smoking facility

Substance	Type	Amount Now	Amount in the Past
Smoking			
Alcohol			
Drug			

DIET REQUIREMENTS (Please tick all that apply)

DIET

- Normal Vegetarian Diabetic Other: _____
- Soft Cut up Pureed Minced and moist

Have you been diagnosed with a food allergy by your doctor? Yes No

If **yes**, is this a life threatening allergy as diagnosed by your GP? Yes No

Cultural or religious requirements: _____

Meal Size: Small Medium Large X Large

Dietitian Prescribed Supplements: _____

Have you been assessed by a speech pathologist? Yes No

If **yes**, where and when were you assessed by a speech pathologist? _____

Do you have difficulty swallowing foods/ liquids or medications? Yes No

Do you have a history of choking? Yes No

Do you require a texture modified diet/thickened fluids? Yes No

Fluid restriction: _____ ml/day

Is a modified item required for eating? (E.g. cup with handles, straw, plate guard)

No Yes: _____

Food and drink likes and dislikes

	Likes	Dislikes
Meat		
Vegetables		
Desserts		
Beverages		
Other		

About Me

At Villaggio our vision is provide the highest quality of care to ageing members of our culturally diverse community. Our nurturing environment will enable older people who use our services to remain well, active and independent for as long as possible.

We recognise the importance of you being able to act independently, make your own choices and take part in your community. Tell us a little about yourself...

1. What do you like to do in your leisure time?

2. What was your occupation?

3. Do you have a favourite sport team?

4. If you read, what kind of books do you like?

5. If you have children or special people in your life, what are their names?

6. What cultures are you interested in?

7. What music are you interested in?
