Lutheran Homes GROUP

Retirement Living, Hamilton

Application Form

Retirement Living

Application Form

Lutheran Homes GROUP

PERSONAL DETAILS

TITLE | SURNAME | GIVEN NAMES

PREFERRED NAME | DATE OF BIRTH | GENDER

MARITAL STATUS | PH. NO. | RELIGION

RESIDENTIAL ADDRESS | P/CODE

POWER OF ATTORNEY

	FINANCIAL	MEDICAL
Please provide name and phone number/s		

INTERPRETER REQUIRED YES ☐ NO ☐ DETAILS

MEDICAL/SURGICAL/ MENTAL HEALTH HISTORY (if relevant)

ALLERGIES

TREATING DOCTOR & CLINIC NUMBER | PHARMACY

NEXT OF KIN

	1ST CONTACT	2ND CONTACT
NAME		
RELATIONSHIP		
ADDRESS		
PHONE/MOBILE		
EMAIL		

OTHER DETAILS

MEDICARE NUMBER | NO. ON CARD | EXPIRY DATE

PENSION NUMBER | EXPIRY

☐ Full Pensioner
☐ Part Pensioner
☐ Non Pensioner

PRIVATE HEALTH FUND NAME | FUND NO.

ADVANCED CARE PLAN YES ☐ NO ☐

AMBULANCE NO. (if relevant)

NAME (Print) _____ **SIGNATURE** _____ **DATE:** _____