

WAITING LIST APPLICATION

Thomas & Rosetta Agst Aged Care Service

Date of application: -

Prospective residents name: -.....

Address: -.....

State: -Postcode:- Phone: -

Country of birth: - Religion: -

Medicare No: - DOB: -

Private health fund: - Yes/No Number (if yes): -.....

Pensioner: - Yes / No Type of pension (if yes): - Full: Yes / No Part: Yes / No

Pension number: -

Has an ACAT assessment (3020) been completed? Yes / No

Type of care required (tick which is appropriate): -

* Nursing Home (High Care) * Hostel (Frail aged / Low care)

* Hostel (Dementia / Low care) * Respite (High or Low care)

Diagnosis: -

.....

Next of kin: - Name: (Relationship):

Address:

State: Postcode:

Phone contacts: -Home: Work: Mob:

Local Doctor: -

Address: Phone:

Thomas & Rosetta Agst Aged Care Service, 1634 Pacific Highway (corner Ada Ave & Pacific Hwy), Wahroonga NSW 2076. Phone: (02) 9450 8320 Fax: (02) 9450 8373