



Tanunda Lutheran Home Inc.

ENQUIRY FORM

Surname (Person Applying for Placement) Mr / Mrs / Miss / Ms: _____

Christian Name: _____ Preferred Name: _____

Address: _____ Post Code: _____

Phone No.: _____ Mobile Phone No.: _____

Date of Birth: _____ Age: _____

Married Single Divorced Widowed

ACAT Assessed: (circle) Yes / No Permanent / Respite

Assessed by: _____ Phone No. _____

1. Contact Person: _____ Relationship: _____

Address: _____ Post Code: _____

Phone No: _____ Mobile Phone No: _____

Email: _____

2. Contact Person: _____ Relationship: _____

Address: _____ Post Code: _____

Phone No: _____ Mobile Phone No: _____

Email: _____

General Practitioner: _____

Clinic name: _____ Post Code: _____

Address: _____ Phone No.: _____

Medicare No.: _____ Expiry Date: ____ / ____ / ____ Line: _____

Pension No.: _____ Expiry Date: ____ / ____ / ____

DVA Card - circle Standard / Gold Card No.: _____ Expiry Date: ____ / ____ / ____

Ambulance No.: _____ Private Health – Company & No.: _____

Financial Declaration: (circle) Attached / To be Forwarded

Form Completed: ____ / ____ / ____ by _____

Relationship to applicant (if not applicant) _____ PTO ➡

How did you hear about Tanunda Lutheran home?

Aged Care Assessment Team – Name _____

Aged Care Placement Agencies – Name _____

Church Alliance – Name _____

Community Forum – Name _____

Community Services External – Name _____

DPS Guide/Website

Doctors and/or Medical Centre

Dr _____ Clinic _____

Enquiry pack (TLH)

Family of Current / Former Resident

Name _____

Friend – Name _____

Hospital Discharge Planner

Which hospital _____ Who _____

Independent Living – Where _____

Local Resident – Town _____

Not specified/Not Sure

Off the Street Walk-in

Other Aged Care Facility – Name _____

Other state _____

Our Website (TLH)

Respite – Where _____

Staff – Name _____

Word of Mouth – Heard where _____