



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:** _____ **Smoker: (circle) Yes / No**

Married **Single** **Divorced** **Widowed**

ACAT Assessed: (circle) Yes / No (circle) **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 _____