



Algester Lodge

117 Dalmeny Street
Algester Qld 4115

Email: admissions@algesterlodge.com

Phone: 0429 793 132

Bundaleer Lodge

114 Holdsworth Rd
North Ipswich Qld 4305

admissions@bundaleerlodge.com

0418 117 906

Permanent Application Form

Facility: _____ Date: _____

Person Making Application:

Name: _____

Address: _____

Phone Numbers: Home: _____ Mobile: _____

Email: _____

Relationship to prospective resident: _____

Resident Details:

Surname: _____ First Names: _____

Address: _____

DOB: _____ Gender: _____

Preferred Language: _____ Ethnic Background: _____

Marital Status: _____ Religion: _____

Smoker: YES NO (please circle answer)

Drive Electric Wheelchair: YES NO (please circle answer)

Drive Motorized Scooter: YES NO (please circle answer)

Current Health Status:

Covid 19 vaccination given: 1st dose 2nd dose Booster dose

Date: _____ Date: _____ Date: _____

Permanent Resident Care Referral Number _____

Accommodation Needs: Secure _____ Unsecure _____

General Nursing Care Needs

Diagnosis: _____

Medical Equipment Required Eg: Oxygen, Enteral Feeding _____

Assistive Devices Required: _____

Allergies Known:

Current Doctors Name: _____ Dr's Clinic: _____

Does the resident receive a pension?

Centrelink Number: _____ Issue Date: _____ Expiry Date: _____



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DVA Number: _____ Expiry Date: _____

Full Pension: _____ Part Pension: _____

Medicare Number: _____ Expiry Date: _____ Card No. _____

Who do you want to nominate for being responsible for paying accounts and receiving correspondence?

Surname: _____ First Name: _____

Address: _____

Contact Phone numbers: Home: _____ Mobile: _____

Relationship to you: _____ Email: _____

What type of authority does this person have to speak and sign on your behalf: Eg. Power of Attorney:

Has the resident ever claimed or received a compensation award or settlement? Eg. Workers Compensation, Third Party or Common Law. If so please give details

Has the resident ever lived in an Aged Care Home previously? YES NO

If yes indicate High or Low Care: _____

Date of Entry: _____

Does the resident have any cultural or religious requirements such as dietary needs?

Have you completed the Assets Assessment? _____

Please attach a copy of your ACAT Assessment, Assets Assessment and EPA.

If no Asset Assessment completed what is the estimated value of assets: _____

SIGNATURE: _____ **DATE:** _____

Office Use Only: Phone (1800 195 206) Medicare to confirm details of previous financial residential care agreement then phone director to source approval