

Booking Form

Glenbrook Rest Home

Name:		Date:	NHI (if known):
Middle Name:	DOB:	Age:	Marital Status:
Address:		Type of Care Required:	Long Term Respite
Current Facility:		NASC Needs Assessment	Has NASC Respite or Carer Support been Approved? Yes No
Ethnicity:	Sex: M F		
Doctor:	Referred by:	Long Term Funding Status:	
Phone:	Reason for Enquiry:	Subsidised Private Paying	
Contact 1		Contact 2	
Name:	Phone:	Name:	Phone:
Relationship:	Mobile:	Relationship:	Mobile:
How did you find out about GBRH?			
Mobility: Walker Walking Stick No Aid		Needs Assessor:	
Current Wounds/Fractures:		Current Medications	
Continence Pads? Type?			
Dementia? Wandering?			
Medical/Surgical History		Notes: Waiting for when room is available	
Heart:			
Gastric:			
Diabetes:			
Other:			
Allergies:			
Continue on Back if Necessary			
Completed by:		Designation:	
Date:		Signature:	