

# Medical Form

Vaughan Village  
Watsons Bay



# Medical Form



## Retirement Village Pre-Admission Medical Form

**Please note:** To be completed by the applicant's Medical Practitioner and returned to:  
kylie.boyd@wiseagency.com.au

### Personal Details

Mr  Mrs  Miss  Ms  Dr Surname:

First name:  Second name:

Address:

Suburb:  State:  Post Code:

Email:

Date of birth:  Marital status:

Phone:  Mobile:

Occupation: (Former)

### General Practitioner Details

Mr  Mrs  Miss  Ms  Dr Surname:

First name:  Second name:

Address:

Suburb:  State:  Post Code:

Email:

Phone:

Length of time known to Medical Practitioner / Patient (Applicant)

Year:  Months:

### Note to General Practitioner:

Please use this form to detail the applicant's medical history for the purposes of this application. Attach support information as a printout (if possible).

# Medical Details

Separate applications and support documents are required of all applicants, including husbands and wives.

Date

Please answer each question so as to enable full consideration of your application.

**Name of Applicant**

General state of health:

### Assessment of activities of daily living

Mobility:  Good  Fair  Poor

Aids used:  Walking stick  Frame  Wheel chair  Scooter

Eyesight:  Good  Fair  Poor  Legally blind

Hearing:  Good  Fair  Poor  Deaf (Hearing aid)

Hygiene:  Good  Fair  Poor

Speech:  Good  Fair  Poor

### Statement of independence

The applicant can perform the following:

Prepare meals: <input type="checkbox"/> Yes <input type="checkbox"/> No	Make bed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Laundry: <input type="checkbox"/> Yes <input type="checkbox"/> No	Manage finances: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dress: <input type="checkbox"/> Yes <input type="checkbox"/> No	Clean unit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Manage ramp: <input type="checkbox"/> Yes <input type="checkbox"/> No	Use public transport: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bathe: <input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant had an ACAT?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Manage stairs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to drive: <input type="checkbox"/> Yes <input type="checkbox"/> No

### Does the applicant use any of the following home care services?

FFE (Fee For Services):  Yes  No

CHSP package:  Yes  No

HCP package:  Yes  No – If yes, what HCP level?  1  2  3  4

Name of HCP package provider (if known):

**Medical Details**

Current Medications:

Mobility:

Does the applicant require assistance to mobilise?

 Yes No

Does the applicant use a walking aid?

 Yes No

Other Relevant Information:

**General Practitioner Notes: (Investigations pending or recommendations)**

Include general state of health, current medicines and recommendations

# Acknowledgement

## Acknowledgement by Resident

Signature (Applicant)

Date

## Acknowledgement by General Practitioner

Signature  
(General Practitioner)

Date

Name of Medical Practitioner

**In my clinical opinion, this individual is able to live independently.**

Yes

No

Attach any support information or medical history (if possible)



## Enquiries

For further enquires relating to availability, please contact our office on **0499 200 008** or email us at [info@wiseagency.com.au](mailto:info@wiseagency.com.au)

## Vaughan Village

341 Old South Head Road,  
Watsons Bay NSW 2030

[www.vaughanvillage.com.au](http://www.vaughanvillage.com.au)