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| INFORMATION |

**Date completed:** Click here to enter a date.

**Scheduled review date:** Click here to enter a date.

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| **Name** |       | **Person’s photo** |
| Date of birth |       | Gender |       |  |
| Phone |       |
| Email |       |
| Address |       |
| Parent/Guardian |       |
| Height (cm) |       | Weight (kg) |       |
| Hair colour |       | Eye colour |       |
| Complexion |       |
| Religion |       | Language |       |
| Cultural background |       |
| Distinguishing features |       | Electoral enrolment | [ ]  Yes [ ]  No |
| Disability |       |
| Medical conditions |       |
| Medication |  Refer to current medication chart |
| Behaviours |       |
| Vision impairment | [ ]  Yes [ ]  No | Hearing impairment | [ ]  Yes [ ]  No | Dentures | [ ]  Yes [ ]  No |
| Communication needs |  [ ]  Verbal [ ]  Written [ ]  Makaton [ ]  Compic [ ]  Auslan  [ ]  Other:       |
| Mobility |  [ ]  Independent [ ]  Semi-independent [ ]  Requires full support  |
| Mobility aid |  [ ]  Does not require aid [ ]  Walking stick [ ]  Wheelchair  [ ]  Other:       |
| Allergies |       |
| Pension number |       | Medicare number |       |
| Health care fund |       | Health fund number |       |
| Centrelink ref number |  | Expiry date |  |
| Medical practitioner name and address |       | Dentist name and address |       |
| Other important people |       |
| Other details |       |
| **Emergency contact details – primary contact** |
| **Name** |       |
| **Address** |       |
| **Phone** |       | **Mobile** |       |
| **Email** |       |
| **Relationship** |       |

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| **Emergency contact details – secondary contact** |
| **Name** |       |
| **Address** |       |
| **Phone** |       | **Mobile** |       |
| **Email** |       |
| **Relationship** |       |

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| **Other important contact details** |
| **Name** |       |
| **Address** |       |
| **Phone** |       | **Mobile** |       |
| **Email** |       |
| **Relationship** |       |

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| **Does the person have a legally appointed guardian? Yes** [ ]  **No** [ ]  |
| **Name** |       |
| **Address** |       |
| **Phone** |       | **Mobile** |       |
| **Email** |       |
| **Guardianship function** | [ ]  Accommodation[ ]  Services[ ]  Medical and dental[ ]  Restricted practices[ ]  Financial[ ]  Other (provide details below) |
| **Does the person have a substitute decision maker/designated person responsible?**  **Yes** [ ]  **No** [ ]  |
| **Name** |       |
| **Address** |       |
| **Phone** |  | **Mobile** |       |
| **Email** |       |

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| **Does the person have an advocate? Yes** [ ]  **No** [ ]  |
| **Name** |       |
| **Address** |       |
| **Phone** |       | **Mobile** |       |
| **Email** |       |

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| **Does the person have a financial manager? Yes** [ ]  **No** [ ]  |
| **Name** |       |
| **Address** |       |
| **Phone** |       | **Mobile** |       |
| **Email** |       |

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| **Does the person have a power of attorney? YES** [ ]  **NO** [ ]  |
| **Name** |       |
| **Address** |       |
| **Phone** |       | **Mobile** |       |
| **Email** |       |

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| **Banking details** |
| **Name of bank** |       |
| **Address of bank** |       |
| **Do they use** | **ATM** [ ]  **Bank book** [ ]  |
| **Days they do banking** |       |
| **What was the outcome of the tool?** |       |
| **Have they chosen to have support by staff with managing their budget?** | **Yes** [ ]  **No** [ ]  **N/A** [ ] **If Yes, how**        |

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| **Medical professional details** |
| **General practitioner** |  |
| **Phone** |  |
| **Address** |  |
| **Psychiatrist** |  |
| **Phone** |  |
| **Address** |  |

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| **Other important medical professional details** |
| **Name** |       |
| **Address** |       |
| **Phone** |       | **Mobile** |       |
| **Email** |       |

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| **Other important medical professional details** |
| **Name** |       |
| **Address** |       |
| **Phone** |       | **Mobile** |       |
| **Email** |       |

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| **Other important medical professional details** |
| **Name** |       |
| **Address** |       |
| **Phone** |       | **Mobile** |       |
| **Email** |       |

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| **Medical conditions**(Please list all diagnosed conditions below. For suspected conditions specify e.g. ‘query – dementia’) |
| 1.  |
| 2. |
| 3. |
| 4. |
| 5. |
| **Allergies or medical allerts**(Please list all known allergies or medical alerts and reference to the appropriate course of action) |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

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| **Employment details** |
| **Business name** |       |
| **Business address** |       |
| **Business phone** |       | **Mobile** |       |
| **Business email** |       |
| **Contact person** |       |

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| **Community support** |
| **Support received**  | **Self managed:** [ ]  **Centre based:** [ ]  **Other:** [ ]  **If other, please explain below.** |
|  **Name** |       |
|  **Address** |       |
|  **Phone** |       | **Mobile** |       |
| **Email** |       |
| **Contact person** |       |
| **Days attending or receiving support** |       |

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| **Community support** |
| **Support received**  | **Self managed:** [ ]  **Centre based:** [ ]  **Other:** [ ]  **If other, please explain below.** |
|  **Name** |       |
|  **Address** |       |
|  **Phone** |       | **Mobile** |       |
| **Email** |       |
| **Contact person** |       |
| **Days attending or receiving support** |  |

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| **Community support** |
| **Support received**  | **Self managed:** [ ]  **Centre based:** [ ]  **Other:** [ ]  **If other, please explain below.** |
|  **Name** |       |
|  **Address** |       |
|  **Phone** |       | **Mobile** |       |
| **Email** |       |
| **Contact person** |       |
| **Days attending or receiving support** |  |

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| **Community support** |
| **Support received**  | **Self managed:** [ ]  **Centre based:** [ ]  **Other:** [ ]  **If other, please explain below.** |
|  **Name** |       |
|  **Address** |       |
|  **Phone** |       | **Mobile** |       |
| **Email** |       |
| **Contact person** |       |
| **Days attending or receiving support** |  |

 This section is optional for additional notes

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| **Document Title: Operations – Disability – Accommodation – Information Pack - Form** | **Document Custodian – Chief Operating Officer** |
| **Last Review Date: 28 May 2020** | **Next Review Date: 28 May 2022** |