Appendix 14.8

Additional Needs Residential Personal Information Register

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| **Resident details** |
| Full name: |  |
| Any former or other names: |  |
| Date of birth: |  | Gender: |  Male Female |
| Medicare number: |  |
| Health fund: |  |
| Pensioner concession card number: |  |
| Any other concession card details: |  |
| Cultural and ethnic identity: |  |
| Primary language: |  |
| Name of person responsible for resident: |  |
| Contact details: |  |
| Is this person the guardian of the resident? |  YES NO |
| If yes, duration of guardianship: |  |
| Functions of guardianship (attach copy of Guardianship order(s)): |
|  |
| Date resident moved into boarding house: |  |
| **Occupancy agreement or rental agreement** |
| Occupancy/rental agreement included in resident’s file? |  YES NO |
| Date of agreement: |  |
| Parties to Agreement |  |
| **Assessment details** |
| Has the person been assessed using the approved screening tool? |  YES NO |
| Date of assessment: |  |
| Name of assessor: |  |
| Assessor contact details: |  |
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| **List of personal property belonging to resident that they brought to the house** |
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| **Additional needs** |
| Does resident need any assistance with personal care? |  YES NO |
| Details: |  |
| Date needs were assessed: |  |
| Does resident need assistance have any special dietary needs? (Attach copy of advice from dietician/health practitioner.) |  YES NO |
| Details: |  |
| Does resident manage their own financial affairs? |  YES NO |
| If no, details of person managing the resident’s financial affairs (attach any financial management records): |
| **Medical details and health records** |
| Name of treating medical practitioner: |  |
| Contact details: |  |
| Name of treating mental health professional (if applicable): |  |
| Contact details: |  |
| Name of other treating health professional (eg nurse practitioner): |  |
| Contact details: |  |
| Has the resident been offered a choice of medical practitioners? |  YES NO |
| Allergies or sensitivities to medication: |
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| Details of any serious illnesses or injuries suffered by the resident. Include for each illness or incident:* dates
* times
* circumstances
* whether emergency treatment or hospitalisation required
* any written consent to the carrying out of medical treatment given by a guardian
* attach a copy of the ABH incident report form for each incident to the resident’s file.
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