澳華療養院基金

AUSTRALIAN NURSING HOME FOUNDATION LIMITED

60 Weldon Street, Burwood, NSW 2134

Tel: (02) 8741 0218 Fax: (02) 9747 1637 Email: info@anhf.org.au

周藻泮療養院
Chow Cho-Poon Nursing Home
113-115 Homer Street, Earlwood 2206
Tel: (02) 9559 4088
ccpnh@anhf.org.au

錢梁秀容療養院
Lucy Chieng Aged Care Centre
8-14 Romani Avenue, Hurstville 2220
Tel: (02) 8558 8088
lcacc@anhf.org.au

陳秉達療養院
Bernard Chan Nursing Home
58 Weldon Street, Burwood 2134
Tel: (02) 8741 0288
bcnh@anhf.org.au

ADMISSION BOOKING FORM 入院登記表

Date of Application 申請日期: **Urgency in placement 入院要求程度:**

Immediate 即時 □ 6–12 Months 月□ For Future 將來 □

Mr.先生☐ Mrs.太太☐ Madam 女士☐

Family Name 姓 First Names 名 Chinese Name 中文姓名

Address
地址

Suburb
地區 Post Code
郵區號碼 Phone
電話

Date of Birth
出生日期 Age
年齡 Place of Birth
出生地點

Year in Australia
居澳年期

Pension Types 福利金
Age 老年☐ Widow 寡婦☐ Special Benefit 特別補助☐
Overseas 外國福利金☐ Non-Pensioner 非福利金領受者☐

Next of Kin 親屬(Name 姓名) Relationship 關係

Address 地址

Suburb
地區 Post Code
郵區號碼 Phone
電話

Email:

Referred By 介紹人 Agency 組織 Contact Phone No 聯絡電話

Social History / Medical history (optional)
個人情況/身體情況

Language Spoken at Home 語言

Family Doctor 家庭醫生 Phone 電話

Address 地址

ACAT Assessment	Date of Approval	Permanent Residential Care	Residential Respite Care
ACCR 評估	批准日期 / /	療養院護理 ☐	暫息住宿服務 ☐

Preference in Placement (please name the facility of your choice, if more than one , please mark down in the order of your preference) **療養院選擇 - 請在下面填寫所選入住的療養院, 若超過一間, 請順序列出:**

1. **2.** **3.**

Return completed form to ANHF: 60 Weldon St, Burwood NSW 2134 or email: info@anhf.org.au along with a full copy of the Aged Care Client Record (ACCR).

❑ Acknowledgment sent

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Comments (internal use)	
Date	Description