



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 <input type="checkbox"/> Mrs.太太 <input type="checkbox"/> Madam 女士 <input type="checkbox"/>		
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 <input type="checkbox"/> Overseas 外國福利金 <input type="checkbox"/>	Widow 寡婦 <input type="checkbox"/> Special Benefit 特別補助 <input type="checkbox"/> Non-Pensioner 非福利金領受者 <input type="checkbox"/>
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 ACCR 評估	Date of Approval 批准日期 / /	Permanent Residential Care 療養院護理 <input type="checkbox"/>	Residential Respite Care 暫息住宿服務 <input type="checkbox"/>

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: applications@anhf.org.au along with a full copy of the ACCR Support Plan.

Acknowledgment sent



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Comments (internal use)

Date	Description