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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