



澳華療養院基金

AUSTRALIAN NURSING HOME FOUNDATION

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"/> Widow 寡婦 <input type="checkbox"/> Overseas 外國福利金 <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 | High Level Residential 療養院高度護理 <input type="checkbox"/> | Respite Care – high / low 暫息住宿服務- 高度/ 低度 |

| | | |
|--|----|----|
| 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 |
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