Mercy Health
Care first

Residential Aged Care Application

Thank you for choosing Mercy Health.

Mercy Place:

Prospective Resident's Name:

Admission type: ☐ Permanent ☐ Respite

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Applicant details

Title Mr Miss Mrs Ms Other

Date of birth

First name (s)

Preferred name

Surname

Phone

Email

Current address

Street

Suburb Postcode

Medicare card number _ _ Reference Expiry /

Is the resident a pensioner? DVA Pensioner Centrelink Pensioner Part pensioner No (self funded)

Pension/DVA card number Expiry /

Preferred Language:

Religion/ Belief/ Spirituality:

Nationality:

Aboriginal/ Torres Strait Islander:

Cultural Background:

ACAT (NSAF) approval Yes No

Permanent Care Referral Code

Respite Care Referral Code

NDIS Yes No

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General Practitioner

Name:

Surgery name:

Street address:

Suburb Postcode

Phone: Email:

Will your GP be visiting you at Mercy Health?

☐ Yes ☐ No ☐ Unknown

Health benefits

Do you have private health insurance?

☐ Yes ☐ No

Name of the fund:

Membership no:

Ambulance membership no if applicable:

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Contacts

Primary/ emergency contact

EPOA ☐ Yes ☐ No

Title ☐ Mr ☐ Mrs ☐ Miss Other

Given names Family name

Relationship

Authorised Representative

Street address

Suburb Postcode

Email Phone numbers

Secondary contact

EPOA ☐ Yes ☐ No

Title ☐ Mr ☐ Mrs ☐ Miss Other

Given names Family name

Relationship

Authorised Representative

Street address

Suburb Postcode

Email Phone numbers

Billing contact

EPOA ☐ Yes ☐ No

Title ☐ Mr ☐ Mrs ☐ Miss Other

Given names Family name

Relationship

Authorised Representative

Street address

Suburb Postcode

Email Phone numbers

Please tick ✓ the documents that are relevant to your circumstances and attach them to this application.

- ☐ Certified copy of any Power of Attorney, Guardianship/Administration documents
- ☐ Services Australia Fees Advice Letter, if received
- ☐ Your most recent invoice if transferring from another aged care provider

Print Name Date / /