Balwyn Evergreen Centre
Promoting Independence and Wellbeing

Client Information Form

Full Name: _____

Preferred Name: _____

Address line 1: _____

Address line 2: _____

Home phone: _____ **Mobile:** _____

Email: _____

Date of Birth: _____

Country of Birth: _____

Language spoken: _____

Aboriginal or Torres Strait Islander origin? Yes ☐ No ☐

Gender: Male ☐ Female ☐ Not Stated ☐

Emergency Contact 1: _____

Mobile: _____ **Email:** _____

Relationship: _____ Power of Atorney: Yes ☐ No ☐
Medical Decision Maker: Yes ☐ No ☐

Emergency Contact 2: _____

Mobile: _____ **Email:** _____

Relationship: _____ Power of Atorney: Yes ☐ No ☐
Medical Decision Maker: Yes ☐ No ☐

GP: _____

GP Practice: _____ **Phone:** _____

Carer: Yes ☐ No ☐ **Details:** _____

Ambulance Cover: Yes ☐ No ☐

Have you been assessed and approved for CHSP by My Aged Care? Yes ☐ No ☐

Social Support (SSG or SSI) referral code: _____

Aged Care (AC) number: _____

Are you receiving a Support at Home package? Yes ☐ No ☐

If yes, please specify the level (1-8): _____

Support at Home Provider: _____

Do you have any other conditions we should be aware of? Please specify or include your Health Care Summary from your GP:

_____

_____

Allergies: _____

Dietary needs: _____

Mobility issues: _____

Special instructions in case of emergency: _____

_____

_____

How did you find out about Balwyn Evergreen? _____

Would you like to be added to our mailing list? Yes ☐ No ☐

Would you be interested in volunteering with us? Yes ☐ No ☐

Person providing details: _____

PRIVACY STATEMENT: Balwyn Evergreen Centre is committed to ensuring decisions, practices and policies are guided by, and respectful of, our participants' rights and responsibilities in accordance with the Australian Privacy Principles. We aim to protect the privacy of personal and sensitive information, rights in relation to personal and sensitive information managed by Balwyn Evergreen Centre and the way in which we collect, use, disclose and access personal and sensitive information. By providing personal or sensitive information to Balwyn Evergreen Centre, you consent to its use, storage and disclosure in accordance with this Privacy Policy.

Signature: _____ **Date:** _____

Office use only notes
Program/activity: _____