



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: _____

Emergency Contact 1: _____

Mobile: _____

Email: _____

Relationship: _____

Emergency Contact 2: _____

Mobile: _____

Email: _____

Relationship: _____

GP: _____

GP Practice: _____

GP Phone: _____

Ambulance Membership: 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: _____

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Signature: _____ Date: _____

Office use only notes

Program/activity: _____