



MEDICAL EVALUATION FORM

PART A (to be completed by applicant)

Surname : Christian Names :

Current Address :

..... Postcode :

Date of Birth : Martial Status :

Pension No. : DVA No. :

Medicare No.:

Medical Power of Attorney.....

Do you have an Advanced Care Plan No Yes

Do you have a Support Plan or Approval to receive Aged Care Services, Packages or Programs? No Yes

I, authorise Dr.

To supply the following information regarding my medical history. I acknowledge that I have read and understand the privacy information contained in this document and in the Policy on Privacy brochure I received with this form.

I understand that moving into a Retirement Village involves a significant financial investment. Assessing my health and likelihood that I will be able to independently enjoy the Village facilities assists me in making a decision to move into the Village.

Signed :

PART B (to be completed by applicant's own doctor)

PAST medical history (or attach a copy of the Patient's Comprehensive Medical Assessment to this form)

Summary of previous illnesses and operations
.....
.....

Details of inpatient treatment given in hospital over the last **five years** :
.....
.....

Has the applicant a history of alcoholism or drug dependency?
If so, please give details
Drug or other allergies (if any)

PRESENT Medical History

MENTAL STATE

Is the applicant fully alert and oriented? Yes No
. If not, is applicant Occasionally confused? Yes No
Has the applicant ever suffered from any psychiatric disorders? Yes No

If yes, please give details :
.....

SYSTEMS REVIEW

GASTRO INTESTINAL TRACT :

Any relevant history?
.....

CARDIOVASCULAR SYSTEM

Any relevant history ?
.....

RESPIRATORY SYSTEM

Past history of lung disease ? Yes No Smoker ? Yes No
If yes, please specify

ENDOCRINE SYSTEM

History of diabetes, thyroid or other disease ?.....
If yes, what therapy ?
.....

GENITOURINARY SYSTEM

Any relevant history ?

MUSCULOSKELETAL SYSTEM

History of Arthritis/Osteoporosis or other disease ?

How disabled is the applicant ? By deformities ?

By pain ?

Does applicant have any joint prostheses ? Yes No

If yes, please specify

SKIN

Any skin disorder ?

HAEMOPOETIC SYSTEM

History of Anaemia/Blood Dyscrasias ?

If yes, what therapy ?

CNS

Relevant history

..... Has

the applicant suffered a stroke ?If

yes, what is residual disability ?

Does applicant suffer from headaches /fits/ falls/ dizziness/ vertigo

SENSES

Hearing normal ? Yes No

If no, please give details

Hearing Aid ? Yes No

Vision normal ? Yes No

If no, please give details

CURRENT MEDICATION (or attach a copy of Patient's Health Summary to this form)

.....

.....

.....

Examining Medical Practitioner

What length of time has the applicant been attending your practice ?

Does the applicant have any current medical conditions that leave them unable to live independently or any progressive conditions that would likely leave them unable to live independently in the next 2 years?..

No Yes – give details.....

Signed Date

Please print name and address

..... Postcode Date

NOTE : THIS FORM MUST BE COMPLETED BY THE EXAMINING MEDICAL PRACTITIONER

Privacy

The Village Baxter takes its obligations under the Victorian Health Records Act 2001 and the Commonwealth Privacy Act 1988 seriously and would like to take all reasonable steps in order to comply and protect the privacy of the personal information that we hold. This policy sets out how we intend to do so.

Collection of information

The Village Baxter collects and holds personal health information about you.

The Village Baxter collects information from you so that we may properly assess your suitability to live independently in the Village or qualify for entry into our Aged Care Facilities. All members of the professional team involved in your care will have access to your personal information. This means we may use and disclose the information you provide in the following ways:

- Disclosure to others involved in your healthcare, including treating ambulance and emergency service officers, doctors, pathology services, radiology services and other health professionals.
- Administrative purposes in running the Village Baxter, including our insurer or medical indemnity provider, and quality assurance and accreditation bodies.
- Billing purposes, including providing information to the Health Insurance Commission (Medicare) and other organisations responsible for the financial aspects of care services provided to you.
- Assisting with training and education of our staff.

In most cases we will obtain the information directly from you or your doctors if you have advised the Village of their name and contact details.

Information quality

Our goal is to ensure that your information is accurate, complete and up-to-date. To assist us with this, please contact us if any of the details you have provided change. Further, if you believe that the information we have about you is not accurate, complete or up-to-date, contact us and we will use all reasonable efforts to correct the information.

Storage

We will take all reasonable steps to protect the security of the personal information that we hold. This includes appropriate measures to protect electronic materials and materials stored and generated in hard copy.

Access to your personal information

Access will be provided in accordance with our Access Policy. If you require access to your personal information please contact your doctor / clinician.

Contract

We do not contract out data storage or processing functions.

Legal reasons why we collect personal information

Some information we collect is in order to comply with our legal obligations such as compliance with the Retirement Villages Act, Aged Care Act or other relevant legislation.

What happens if you choose not to provide the information?

You are not obliged to give us your personal information. However, if you choose not to provide the Village Baxter with the personal details required to assess your ability to live independently or your eligibility to enter our Aged Care Facilities, we may not be able to provide you our services.

Complaints

If you have any complaints about our privacy practices or wish to make a complaint about how your personal information is managed please contact the Operations Manager. All complaints will be dealt with fairly and as quickly as possible.

A privacy complaint relates to any concern or dispute that you have with our privacy practices as it relates to your personal information. This could include matters such as how personal information is collected, stored used, disclosed or how access is provided. We prefer that your complaint is in writing but it can be made in person or by telephone or email.

If you are dissatisfied with the outcome of our handling of your complaint you may contact the Victorian Health Services Commissioner or the Federal Privacy Commissioner.

Please read this information in conjunction with the Village Baxter Privacy Policy.