



**ABORIGINAL**  
ELDERS & COMMUNITY CARE SERVICES INC.

## ABORIGINAL ELDERS VILLAGE CLIENT ADMISSION INQUIRY FORM

Date:            /        /

Name of Resident: .....

D.O.B:            /        /            Age:                      Sex:            M / F

Diagnosis: .....

.....

Doctor: .....

.....

Doctors Phone No: (        )

Doctors Address: .....

.....

.....

High Care:          Low Care:          Independant Living:   

Dementia:          Respite:          From        /        /      To        /        /

ACAT Assessed:      Y / N

Contact Name: .....

Address: .....

Phone No:    (        )

Relationship to Resident: .....

Details Taken By: \_\_\_\_\_

Name: .....

Signed: ..... Date:        /        /