



APPLICATION TO STAY - FOR USE BY HOSPITAL STAFF ONLY

CHECKLIST TO MAKE A BOOKING

1. **ONLY** Hospital / Specialist Staff can make a patient (and carer) initial booking
2. Ring The Homes on 03 9254 2400 to confirm availability
3. Complete this form and email to **office@ivanhoehomes.org**

CONDITIONS FOR BOOKING

1. Patient must be independent - no nursing care or supervision is available
2. Patient is informed of eligibility requirements for the appropriate state assistance scheme
3. Patient is aware they are required to pay on arrival, or if staying over 5 days and eligible will provide the completed State Patient Assistance Scheme paperwork to bulk bill the cost of the stay
4. Patient or Carer agree to monthly room inspections
5. Patient is fully vaccinated against COVID-19 or medically exempt (with management discretion)

STAY DETAILS	Arrival <input type="text" value="DD/MM/YYYY"/>	Departure <input type="text" value="DD/MM/YYYY"/>
	Patient	Carer
Surname	<input type="text"/>	<input type="text"/>
Given Names	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>

EMERGENCY CONTACT INFORMATION (Must not be Carer)

Surname	<input type="text"/>	Relationship	<input type="text"/>
Given Name	<input type="text"/>	Contact Number	<input type="text"/>

REFERRING HOSPITAL / AGENCY

Hospital	<input type="text"/>	Specialist Type	<input type="text"/>
Specialist Name	<input type="text"/>	Provider Number	<input type="text"/>
Contact Person	<input type="text"/>	Contact Number	<input type="text"/>

SPECIAL CONSIDERATIONS (for example, issues with stairs)

RYDER-CHESHIRE HOMES HAS A SPECIFIC NO SMOKING POLICY

Patient Acceptance Check box to signify conditions have been discussed with patient

Date

Email completed form to office@ivanhoehomes.org