

# INDIVIDUAL PROFILE - PART A

## Administration Address

Building 4/175 Varsity Parade  
Varsity Lakes Q 4226  
ABN 13 069 810 948

## Contact Details

Phone: 07 5501 8070  
Fax: 07 5501 8075  
Mob: 0413114055  
E-mail: [enquiries@bethanycare.org](mailto:enquiries@bethanycare.org)

## Postal Address

PO Box 441  
Robina Q 4226

## Client Details

Name			Gender	
Address			DOB	
Suburb		Pcode	Age	
Country of Birth		Siblings:	Language spoken at home	
Phone	1	2	Religion	
E-mail Addresses	1	2	3	
Living Arrangements	<input type="checkbox"/> With own family/guardian <input type="checkbox"/> Host Family	<input type="checkbox"/> Hostel <input type="checkbox"/> Nursing Home	<input type="checkbox"/> Supported Accommodation <input type="checkbox"/> Other	
Do you identify yourself as belonging to any of the following groups	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres, Straits Islander	<input type="checkbox"/> Australian South Sea Islander <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Would you describe yourself as culturally and linguistically diverse? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Contact Person – For general enquiries and/or emergencies

1 <sup>st</sup> Contact Name			Relationship to client	
Address			DOB	
Suburb			Pcode	
Country of Birth				
Home Phone		Work	Mobile	
2 <sup>nd</sup> Contact Name			Relationship to client	
Address			DOB	
Suburb			Pcode	
Country of Birth				
Home Phone		Work	Mobile	

## Disability & Medical Information

Primary Disability		Outline attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Disability		Outline attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes (if YES please complete epilepsy section) <input type="checkbox"/> No	Outline attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies (please include food allergies)		Outline attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Medication		Outline attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Emergency Medical Assistance

Doctor		Dr's Phone	
Address		Dr's Mobile	
Blood Type		Ambulance	
Allergies		Pension No	
Hospital Preference		Medicare No	

Were you referred to Bethany Care? If yes please provide details \_\_\_\_\_

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**Personal Assessment** - Okay, tell us about your strengths and challenges. What can you do WELL (1), what do you need SOME assistance with (2) and what do you require FULL assistance with (3).

Criteria	1 Well!	2 Some assistance needed	3 Full assistance needed	Family & Carer Comments	Bethany use
<b>Functional Assessment</b>					
(1) Mobility					
(2) Transfer In/ Out of Bed					
(3) Transfer In/ Out of Chair					
(4) Bathing					
(5) Dressing					
(6) Teeth Cleaning					
(7) Shaving					
(8) Eating/ Drinking					
(9) Continence					
(10) Toileting					
(11) Feminine Hygiene					
(12) Cooking					
(13) Shopping					
(14) House Work					
(15) Laundry					
(16) Finance					
(17) Reading					
(18) Writing					
(19) Telephone / clock					
(20) Transport & Road Safety					
Total Score					
<b>Sensory Assessment</b>					
Criteria	1	2	3		
(1) Hearing					
(2) Sight					
(3) Speech					
(4) Comprehension					
(5) Memory / task focus					
Total Score					
<b>Social Assessment</b>					
Criteria	1	2	3		
(1) Confidence					
(2) Friendships					
(3) Personal Safety					
(4) Self Esteem					
(5) Awareness of actions on others					
Total Score					

# INDIVIDUAL PROFILE - PART A

## PERSONAL RECORD BOOK

Breakfast	
Morning Snacks	
Lunch	
Afternoon Snack	
Evening Meal	
Desert	
Snack	

Assistance Needed at Meal Times	<input type="checkbox"/> None
	<input type="checkbox"/> Needs to be fed
	<input type="checkbox"/> Nil by mouth – tube feeding/ decompression tube provided by family
	<input type="checkbox"/> User Aid – please enter details...

Dietary Restriction	Artificial colours, preservatives, cordial
Favourite Foods	
Disliked Foods	

Daily Routine	Please Enter Routine Times
Morning	
Breakfast	
Lunch	
Dinner	
Bedtime	
Shower/Bath	

Weekly Routine	Please Enter Typical Activities
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

**The family recommends the following coping strategies to help Bethany staff to manage fears/ behaviours**  
i.e. storms, triggers etc

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Please complete separate page if required

## **INDIVIDUAL PROFILE - PART A**

<i>Signature of the person who completed this form</i>		<i>Date:</i>
<i>Name of the person who completed this form</i>		
<i>Signature of Bethany Care Representative</i>		<i>Date:</i>
<i>Name of Bethany Care Representative</i>		

### **Stage 1 – Part A new client service user pack**

**Thank you for completing this form.**

What happens now? You can e-mail this form to us right now at [enquiries@bethanycare.org](mailto:enquiries@bethanycare.org). The signed original pack must be returned to Bethany Care.

You can either;

<b>Post to:</b> Bethany Care Limited PO Box 441 Robina, QLD, 4226	<b>Or hand it in to:</b> Bethany Care Office Hope Church Building 4/175 Varsity Pde Varsity Lakes Qld 4226
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### **Stage 2 – Part B new client intake**

Once the form has been received, we will be in contact to arrange an interview with our Assistant Manager (AM). The AM will meet with you to clarify your forms and complete additional documentation that may be required.

We strongly recommended you engage the services of a support person (or persons) of your choice for the next phase of the service access process. This may be family members, representatives, trusted friends or carers, etc). Your support person is welcome to join you and attend the forthcoming interview, and be involved in the development of your personalised plan.

### **Stage 3 - Specific enrolment or admission forms for your chosen programme**

These documents may include Community Access agreements, NRG day programme enrolment forms, camp bookings or the paperwork to be completed when you stay at Hope Cottage overnight respite.

If you have any further queries, or you require assistance completing any part of this document, please do not hesitate to contact us

#### **Telephone:**

Administration Number: 07-5501 8070

Brian Lynch (Administrator & Quality Assurance): 07-5501 8070

Wayne Clinton (Manager): 0413114055

Ric Kelso (Family Resource Coordinator): 0413512310

#### **E-mail:**

[enquiries@bethanycare.org](mailto:enquiries@bethanycare.org)

#### **Website:**

[www.bethanycare.org](http://www.bethanycare.org)

***We look forward to welcoming you to the Bethany family!***