



Stella Maris Enquiry Form

How did you hear about Stella Maris?			
Have you had a tour of Stella Maris?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you completed an assessment by the Aged Care Assessment Team (ACAT)?			
<input type="checkbox"/> Yes Referral Code: 1- Care Type: <input type="checkbox"/> No			
Are you ready to come into Stella Maris?			
<input type="checkbox"/> Yes (please contact Stella Maris for further information) <input type="checkbox"/> No			

Enquirer Details			
Full name			
Address			
	Suburb		Postcode
Contact numbers	Home		Mobile
Email address			
Relationship to Applicant:			

Applicant Details (if different from enquirer)			
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____		
Full name			
Preferred name/s			DOB
Address			
	Suburb		Postcode
Contact numbers	Home		Mobile
Email address			
Current Living Situation:	<input type="checkbox"/> Own House/Unit <input type="checkbox"/> Rented Accommodation <input type="checkbox"/> Living with Family		

Stella Maris will attempt to contact the Enquirer annually to update our records. If your circumstances change, please contact us.