

Residential Aged Care

# All about you

Welcome to Australian Unity



# How to complete your “All about you” questions

We are delighted that you have chosen an Australian Unity aged care residence at this important stage in your life.

To ensure you have a smooth transition into your new home, we want to learn all about you. Please fill out this form, and complete the steps in the checklist below.

## 1. Review and complete all sections of this form.

### ☐ Tell us about yourself

- Answer all the questions, or write “N/A” for questions that don’t apply to you.
- For questions with multiple responses, please add a cross in the box/es that apply to you.

### ☐ Advance care planning

- Please read and familiarise yourself with the advance care planning information found later in this form. We can help you with your Advance Care Plan, if required.

## 2. Provide a copy of the following documents

- ☐ Medical Health Summary from your doctor
- ☐ Detailed list of your current medications.

## 3. Submit your “All about you” form and documents

Please hand deliver or express post the completed “All about you” form, and the other required documents, to your new residence.

You can find the postal address for each Australian Unity residential community at: [australianunity.com.au/aged-care](https://australianunity.com.au/aged-care)



If you require an interpreter or need assistance with completing this form, please contact the Australian Unity team member identified in the letter that accompanied this form, or phone us on 1300 160 170.

Tell us  
about yourself

# About you

## Your details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>					
Given name/s	<input type="text"/>			Preferred name	<input type="text"/>	
Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Street number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Street name	<input type="text"/>					
Suburb	<input type="text"/>			Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date of birth	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## General information about you

So we can get to know you better, please tell us three things about yourself.

1.

2.

3.

### **Your hobbies and activities**

We can help you to take part in your favourite hobbies and the important events in your life. Are there things you love to do that you would like to continue? Or is there something new we can help you with?

For example, you might enjoy going to the beach or baking a birthday cake for your daughter. Or you might need someone to accompany you to buy gifts for your family, or take you to your grandson's graduation.

**Your life and experiences**

So we can get to know you better, please share some of the most important experiences from your life. For example, you might tell us about your children or partner, your travels, your career and achievements, or your greatest passions in life.

### Your heritage

Please tell us about your cultural background.

For example, were you born in Australia or overseas? What traditions do you observe or are important to you?

Are there any cultural or community groups or events, rituals or special events that you would like to attend or participate in?

For example, you might like to attend religious observances or take part in a your community seniors group.

Are you interested in participating in our multicultural celebrations? ☐ Yes ☐ No

Are you interested in maintaining/initiating contact with relevant cultural community groups? ☐ Yes ☐ No

### Your food and dietary requirements

To make sure your meals are delicious and enjoyable, please tell us about your likes, dislikes and requirements.

What are your favourite foods?

What foods don't you like?

Are there any foods that you have been directed to eat? For example high iron or high fiber foods?

Are there any foods that you need to avoid?

Do you have any food allergies? ☐ Yes ☐ No

If yes, please provide details:

Do you have any cultural or religious dietary requirements?



Do you have any special food preparation requirements? For example, your food might need to be cut up.

Do you need anything to assist you at meal times? For example, you might need a non-slip mat.

Do you drink any alcohol?

☐

Yes

☐

No

If yes, how many alcoholic drinks do you normally have each day?

# About your health

## Medical practitioner details

Full name	<input type="text"/>				
Unit	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Street number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Street name	<input type="text"/>				
Suburb	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Phone	<input type="text"/>				
Email	<input type="text"/>				

## Medical specialist details

### Dentist

Full name	<input type="text"/>				
Unit	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Street number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Street name	<input type="text"/>				
Suburb	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Phone	<input type="text"/>	Last visit	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		

### Eye specialist

Full name	<input type="text"/>				
Unit	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Street number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Street name	<input type="text"/>				
Suburb	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Phone	<input type="text"/>	Last visit	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		

### Hearing specialist

Full name	<input type="text"/>				
Unit	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Street number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Street name	<input type="text"/>				
Suburb	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Phone	<input type="text"/>	Last visit	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		

### Podiatrist

Full name	<input type="text"/>				
Unit	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Street number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Street name	<input type="text"/>				
Suburb	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Phone	<input type="text"/>	Last visit	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		

**Other medical specialists (such as cardiologists or oncologists)**

Full name	<input type="text"/>																		
Field of the practice	<input type="text"/>																		
Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Street number						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Street name	<input type="text"/>																		
Suburb	<input type="text"/>								Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Phone	<input type="text"/>								Last visit	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full name	<input type="text"/>																		
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Street name	<input type="text"/>																		
Suburb	<input type="text"/>								Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Phone	<input type="text"/>								Last visit	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full name	<input type="text"/>																		
Field of the practice	<input type="text"/>																		
Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Street number						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Street name	<input type="text"/>																		
Suburb	<input type="text"/>								Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Phone	<input type="text"/>								Last visit	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full name	<input type="text"/>																		
Field of the practice	<input type="text"/>																		
Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Street number						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Street name	<input type="text"/>																		
Suburb	<input type="text"/>								Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Phone	<input type="text"/>								Last visit	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Smoking**

Do you smoke? ☐ Yes ☐ No

If yes, would you like to quit smoking? ☐ Yes ☐ No

If yes, how many cigarettes do you normally smoke each day?

## Vaccinations

What was the date of your last tetanus toxoid vaccination?   /   /

Do you normally receive the flu vaccine? ☒ Yes ☒ No

If yes, what was the date of your last flu vaccination?   /   /

If no, would you like to receive the flu vaccine? ☒ Yes ☒ No

If no, is there a reason?

What was the date of your last COVID-19 vaccination?   /   /

How many COVID-19 vaccinations have you received?

## Allergies

Do you have allergies to any medications?

Do you have any other allergies?

## Your ears

Hearing

☒ Normal

☒ Reduced

Hearing aid worn

☒ No

☒ Both ears

☒ Left ear

☒ Right ear

Aid controlled by

☒ Self

☒ Staff

Date of last audiology check   /   /

## Your eyes

Eye sight

☒ Normal

☒ Reduced

☒ Blind

☒ Glasses

☒ Bifocals

☒ Contact lenses

Date of last visit to eye specialist:   /   /

# Advance care planning



## Planning for your future

Advance care planning is a series of steps you can take to help prepare for your future health care. The plan is your way of communicating your wishes to your family, care provider, medical treatment decision-maker and medical staff, so they understand your preferences during a time of need.

Central to this is talking to your family about what you want—and don't want—to happen, so they can make decisions that are in your best interests if you were unable to decide.

For example, there may be some circumstances where you may want all the treatments that can be offered to you, while in other cases, you may not wish to be treated. Advanced care planning includes making decisions around things such as tube feeding, using a breathing machine, antibiotics, blood transfusions, dialysis or cardiac massage.

The Advance Care Plan is your say about your future medical treatment. The planning process and documentation helps you to clarify your values and choices, and gives your family, doctors, care staff and nurses the opportunity to respect your wishes.

It may be hard or uncomfortable for you and your family to think about, but talking about it is important. In many ways, it's no different to planning other aspects of your future, like insurance, finances or your will.

### Consider the following scenario

*You are diagnosed with Alzheimer's Disease which would affect your capacity to make logical choices. This would mean that you would not understand what is happening to you, nor be able to communicate the treatment you want if you developed a further serious illness.*

*Think about the treatment you wish to receive if you have this form of dementia and you have a cardiac arrest.*

*When something like this happens, it can be extremely stressful for both you and your loved ones. Have you made your wishes clear to those around you?*

Having an Advanced Care Plan in place documents your values and attitudes towards medical treatment, and provides your family, carers, doctors and nurses with details on what they should do if this type of situation arises. Importantly, it can be helpful to relieve some of the stress that comes with decision-making.

## Mary's dilemma

Mary is an independent, relatively healthy 84-year-old who enjoys the company of her children and grandchildren.

Since her husband died a year ago, Mary has tried to discuss her wishes with her children in case something should happen and she finds herself in hospital. Mary wants to avoid fuss and she definitely doesn't want "any of those machines"; rather, she would prefer to "go quietly".

But when she tries to discuss this with her four children, they avoid the conversation and respond with things like, "Mum, please don't talk like that". So Mary doesn't mention it again.

Mary has a stroke at home and is taken to hospital, where the doctors and staff talk about putting a tube into her lungs and attaching her to a breathing machine. Mary is unconscious, and her family are shocked by her sudden deterioration.

One of the doctors approaches the family to talk about Mary's condition. She explains that Mary is unlikely to recover consciousness and, if she does, she will be unable to speak, feed herself or attend to the most basic personal tasks.

The doctor explains that it may be kinder to Mary if they remove the machines and provide comfort care, so she dies peacefully.

She seeks the family's thoughts and asks questions like: "Do you know what Mary might have wanted? Has she ever discussed her choices if this situation occurred?"

Mary's children face a dilemma—they had always brushed off this type of discussion and avoided the topic. Two of her children want Mary to receive all possible medical treatment, while the other two believe she wouldn't have wanted any intervention. Unfortunately, in her state, Mary cannot make the decision herself, and the lack of any formal planning is causing stress in what is already a stressful situation.

## Why you need an Advance Care Plan

Planning your care and medical treatment before any problems occur allows the people caring for you to respect your choices during a difficult time.

Without this conversation, your family may be put in the position of needing to make important decisions on your behalf without knowing what you would want to do. While the conversation is a tough one, talking about your choices when you're healthy and clear-minded can be a comfort to you now—and a comfort to your family in the future.

### 1. To communicate what you want.

Initiate a conversation with your family and doctor about the medical treatments or interventions you would like if you were seriously ill or injured. Doing so is the best way to make sure that everyone who is caring for you respects your wishes.

Discussing this with your family may not be easy, as your loved ones don't want to imagine you being unwell. However, this planning really comes into its own if you find yourself seriously ill and cannot make decisions yourself.

### 2. To document your decisions

Writing down your wishes provides everyone with a clear path forward. While your Advance Care Plan can be quite a simple document, an Advance Care Directive is a more formal way to put your plan into writing. Its aim is to help people to accurately remember what you want and make it easier to communicate these wishes to doctors and nurses who do not know you.

An Advance Care Directive includes the appointment of a medical treatment decision-maker and a statement of your choices. An Advance Care Directive can include either or both of the following:

- **Instructional directive:** This outlines legally binding instructions about the future medical treatment you consent to or refuse.
- **Values-driven directive:** This outlines your values and preferences for your medical treatment decision-maker to consider when making decisions on your behalf.

## How to complete your Advance Care Plan



### Consider

- Take the time to reflect on your preferences.
- Think about the values that are important in your life.
- Think about your current health and possible future health problems.
- Think about what you would want from future medical care.



### Discuss

- Have open conversations about important topics.
- Talk to your family or next of kin about your preferences.
- Talk to your doctor about these issues.
- Work with your Australian Unity contact and your medical treatment decision-maker to complete your Advance Care Plan.



### Trust

- Find trusted partners and share your wishes.
- Appoint a medical treatment decision-maker.
- Meet with your medical treatment decision-maker and your Australian Unity contact.
- Provide copies of your Advance Care Plan to your family, your medical treatment decision-maker, hospital and local doctor, and anyone else whom you feel is appropriate.

**If you have any questions or would like to discuss your Advance Care Plan, please talk with an Australian Unity General Manager at your residence.**







# Frequently asked questions

## Is it helpful to complete an Advance Care Plan?

Yes. An Advanced Care Plan helps you to think about your future medical care if you become seriously ill or injured. It also means that if something was to occur, your family, or someone appointed by you, has your wishes in writing for doctors to follow.

## Who is the best person (or people) to talk to?

Talk to your family and to those most likely to be involved in making decisions on your behalf. A close or loving relationship does not always mean that the other person knows or understands your wishes for your future medical care.

You can also talk to your doctor. They may help you to make sure your Advance Care Plan is clear and complete. Your doctor should be given a copy of your completed Advance Care Plan.

If you need help initiating this conversation, talk to one of our team members and they will help you to discuss your wishes with your family and doctor.

## Who should I choose to make decisions for me?

Choose someone you trust, who will listen carefully to your values and wishes for future care, and who will be comfortable making decisions in difficult situations. Typically, this is a family member, but it can be anyone you trust, such as a friend or a doctor. You can choose more than one person.

## How do I nominate someone?

To nominate someone, fill out the "Appointment of medical treatment decision-maker" form with the person you have chosen as your medical treatment decision-maker. This person has the legal authority to make medical treatment decisions on your behalf if you do not have decision-making capacity.

You can appoint two medical treatment decision-makers using the standard form, or up to four people using the long form.

Your medical treatment decision-maker is the first person you list on the form who is reasonably available, and is willing and able to make the decision.

## Do I need a lawyer to complete an Advance Care Plan?

No. You don't need a lawyer to complete your Advance Care Plan.

## Can my Advance Care Plan be changed or revoked?

Yes. You can change or revoke your plan at any time.

## When is an Advance Care Plan used?

It is only used if you are unable to make your own decisions.

## What if I become ill or I am injured while I am away from home?

If you are away from home—for example, while travelling overseas or interstate—your Advance Care Plan still applies but will need to be sent to the medical staff where you are being treated. Ensure that your medical treatment decision-maker has a copy of the plan they can share with medical staff.

## What happens in an emergency?

If there is an emergency and your medical record is not available, life-sustaining measures may be started. Following discussions with your medical treatment decision-maker and family, treatment can be stopped if it is clear that the treatment is not what you would have wanted.

## Can I include my funeral wishes in my plan?

You may wish to consider your funeral plans in the Advanced Care Plan so you can be remembered in the way you prefer. This can include whether you prefer a burial or cremation, your funeral home, the executor of your estate and other wishes.









# For Real Wellbeing Since 1840

T 1300 160 170

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