

The Tanner Hill Joyous Home
Application Form

Application No.:

(For Internal Use)

1. Information of the Applicant (*Mandatory Field)

*Name : _____ (Chinese) _____ (English)

*Date of Birth : _____ (YYYY) _____ (MM) _____ (DD) Age : _____

*HKID Card No. : _____ *Sex : _____

Language : Cantonese English Mandarin Dialect : _____

Living Condition : Living Alone Living with Family Members
 Living with Others (Please specify: _____)
Name of Principal Carer: _____ Relationship: _____

Address : _____

*Contact No. : _____ (Home) _____ (Mobile)

Email Address : _____

2. Information of the Contact Person (*Mandatory Field)

*Name : _____ (Chinese) _____ (English)

Relationship with Applicant : _____

Address : _____

* Contact No. : _____ (Home) _____ (Mobile)

Email Address : _____

3. Vaccination Records of the Applicant

- Received at least the first dose of the 2019 coronavirus vaccine (COVID-19 vaccine); or
 Has a COVID-19 Vaccination Medical Exemption Certificate issued by Registered Medical Practitioner certifying that the Applicant is not suitable for COVID-19 vaccination due to health conditions.

(The Applicant must provide relevant proof to the Home before they can move in)

4. Period of Accommodation

Long-stay (31 calendar days or above)

Accommodation Period : No Planned Discharge Date

From _____(YYYY) _____(MM) _____(DD) to _____(YYYY) _____(MM) _____(DD)

Short-stay (From 3 to 30 calendar days)

From _____(YYYY) _____(MM) _____(DD) to _____(YYYY) _____(MM) _____(DD)

Short-stay (Resident of Senior Citizen Residences Scheme)

From _____(YYYY) _____(MM) _____(DD) to _____(YYYY) _____(MM) _____(DD)

5. Reason for Staying

Post-discharge Care

Changes in Physical Condition

Domestic Helper On Leave

Others (Please Specify:_____)

6. Room Type (Please fill in 1, 2 or 3 in the boxes, with '1' being the first choice, '2' being the second choice, and so on.)

Single room

Twin-bed Room

5-bed Room

7. Health Conditions (Please ✓ the appropriate box(es))

7.1 Medical History (Please specify the year of diagnosis):

Stroke: _____ High Blood Pressure: _____ Diabetes: _____

Heart disease: _____ Depression: _____ Parkinson's disease: _____

Low back pain: _____ Dementia: _____ Osteoarthritis: _____

Fall: _____ *Fracture: Yes/No * Undergo Surgery: Yes (Year:_____) /No

Body parts: _____

Cataract (Left/Right):_____ * Undergo Surgery: Yes (Year:_____) /No

Others (Please Specify):_____

7.2 Infectious Diseases (Please specify the year of diagnosis):

Antibiotic-resistant Staphylococcus aureus infection:_____ (YYYY) (Recovered) Syphilis:_____ (YYYY) (Recovered)

Tuberculosis:_____ (YYYY) (Recovered) Scabies:_____ (YYYY) (Recovered)

Hepatitis:_____ (YYYY) (Recovered) Unknown

Others (Please Specify):_____

[If the Applicant has been diagnosed with any of the above infectious diseases, please be sure to report it. If the Applicant or their family members are unsure whether they have any of the above infectious diseases, please consult a medical practitioner. If any of the above infectious diseases are found to have been unreported, the Home reserves the right to reject the application, and the assessment fee paid will not be refunded.]

7.3 Mobility:

- Independent Use of Mobility Aids
- Use of Wheelchair Remain in Bed

7.4 Eating:

- Independent Needs Assistance Fed Through Nasogastric Tube

7.5 Managing Toilet Needs:

- Independent Needs Assistance
- Urination Incontinence Faecal Incontinence
- Uses diapers Uses urinary catheter Stoma care

7.6 Use of Medical Facilities:

- Oxygen machine Positive pressure ventilator
- Peritoneal dialysis Haemodialysis
- Other special care and nursing needs (please specify): _____

7.7 Follow-up Consultation:

- Specialist: _____ Public Hospital/Clinic _____
- General Practice: _____ Public Hospital/Clinic _____
- Private Clinic: _____ Public Hospital/Clinic _____

8. Referral Source (Please ✓ the appropriate box)

- Website Facebook YouTube Newsletter / letter Relatives/friends
- Resident of HKHS HKHS Staff Magazine/Newspaper Advertisement
- Others: _____

I confirm that, to the best of my knowledge, the information provided above is true and accurate. I also confirm that I have read and accepted the personal data collection statement on this application form.

Name of Applicant
(In Block Letters): _____ Signature: _____ Date: _____

Name of Contact Person
(In Block Letters): _____ Signature: _____ Date: _____