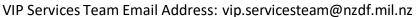
## **VIP SERVICES INFORMATION FOR VETERANS' AFFAIRS**





THE SELVICES TEATH EITH	a, (aa. 655. VI	p.55. VIC	20000011110011				
Full Name Client:				Form Filler Name:			
				Date:			
Address:				Phone Number:			
NOV November				Email:			
NOK Name:				NOK Phone Number:			
				NOK Email:			
Date of Birth:				Service Number:			
Name of GP:				Medical Centre Name:			
Medical Centre Address:				Medical Centre/			
				GP Phone Number:			
Client Ethnicity:				Marital Status:			
Do you live alone? Y/N:				Are you currently employed Y/N, if Yes occupation.			
In the past 30 days how	w much difficult	y did yo	u have with	the followi	ng activi	ties	:
Lawnmowing and gar	dening – manag	ging you	r lawns and	gardens			
□ None	☐ Mild ☐ Modera			ite	☐ Severe		☐ Extreme or cannot do
☐ Yes, urgently		☐ Ye	s, the service	e is required			No, the service is not required
Home help – keeping	on top of house		•	'			<i>,</i>
□ None	☐ Mild ☐ Moder		ite	☐ Severe		☐ Extreme or cannot Do	
☐ Yes, urgently ☐ Yes, the service				e is required			No, the service is not required
Podiatry – personal ca	are	l.		·	L		·
□ None	☐ Mild ☐ Modera		ite	☐ Severe		☐ Extreme or cannot Do	
☐ Yes, urgently	☐ <b>Yes,</b> the service		e is required	ed 🗆		No, the service is not required	
ADT Medical and Smo	oke Alarm – Hav			· •		ost v	•
□ None	☐ Mild	•	☐ Modera	_	☐ Sev		☐ Extreme or cannot Do
☐ Yes, urgently	l	☐ Ye	s, the service	e is required			No, the service is not required
Chemwash – managing washing your house, external windows and guttering, pathways							
☐ None	☐ Mild	·	☐ Modera		☐ Sev		☐ Extreme or cannot do
☐ Yes, urgently		☐ Ye	s, the service	e is required			No, the service is not required
	nealth, wellbeing					ies.	for the client to maintain their
independence at home							