



Resident's Consent Form

With regards to your/ your relative's/ your next of kin's stay at Mekong Vietnamese Aged Care Facility, we inform that your consent is required for the following:

Please cross box

- Resident's name to be attached to room door for easy location
Resident's photograph to be attached to medication chart for easy identification
Annual Audiologist review
Annual Optometrist review
Periodic Dental review

I, ..... the resident/ Next of Kin/ Power of attorney hereby provide consent to the items above for ..... (NAME OF RESIDENT)

Signed by Resident/ Next of Kin/ Power of Attorney: .....

WITNESS

Signature: ..... Date: ...../...../.....

Full Name: .....

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