



XC300680

Please use ID Label or block print

Sunshine Village HOSPITAL / FACILITY

PATIENT/ RESIDENT

IDENTITY FORM

WARD: 4A

DOCTOR: Louise Marsh

SURNAME JOHNSON	URN M2435498
GIVEN NAMES RON	
D.O.B. 9/1/1954	GENDER M
ADDRESS 5555 DONOVAN ST, AUGUSTA, WA 6290	



Date Photo Taken: 1/2/YYYY

Renewal Date: 1/2/YYYY

Photograph to be renewed every 12 months to retain currency.

Preferred Name: RON

Ward: 4A

Height: 170cm

Weight: 80kg

Hair Colour: Grey-brown

Eye Colour: Blue

Distinguishing Features: Nil

Code Alert: Yes NoAggressive: Yes No**CONSENT TO PHOTO** Patient/Resident NOK/GuardianRon Johnson
Consent Person's NameR Johnson
Signature2/9/YYYY
Date**CLINICIAN SIGN-OFF**Louise Marsh
Clinician NameL Marsh
Signature and Designation2/9/YYYY
Date10:35
Time