



Complete all 3 pages and return to the hospital at least 7 days prior to admission

PATIENT ADMISSION DETAILS

Admitting Doctor:

General Practitioner (Name & Address):

Procedure details:

Date:

Time:

Have you been hospitalised anywhere in the last seven days? Yes No If yes, where:

Have you been a patient at RPHDPC in the past 7 years? Yes No

PATIENT DETAILS-Please print as your name appears on Medicare Card

Title:

Surname:

Previous Surname:

Given Names:

Address:

Postcode

Phone (H)

Phone (B)

Phone (M)

Sex: Male Female

Date of Birth:

Marital Status:

Country of Birth : _____

If Australia which State: _____

Are you an Australian Resident? Yes No

Are you of Aboriginal/Torres Strait Island Descent?

Yes No

Language spoken at home: _____

Medicare Number:

Reference No:

Expiry Date:

Veteran's Affairs No:

Pension No:

Full Part

Expiry Date:

Health Care Card :

Yes No

HEALTH FUND INSURER

Fund:

Membership Number:

Level of Cover:

Date joined:

Excess Amount:

Confirmed by:

Confirmed with:

Date:

Time:

PERSON RESPONSIBLE FOR ACCOUNT

Patient: Other: If another person please specify _____

ESCORT CONTACT DETAILS / PERSON TAKING YOU HOME

Surname:

Given Name:

Relationship:

Contact Number:

Alternative contact number:

NEXT OF KIN / PERSON TO CONTACT IN CASE OF EMERGENCY

Surname:

Given Name:

Relationship:

Address:

Contact Number:

Alternative contact number:



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PATIENT PRE-ADMISSION HISTORY

ADMISSION DIAGNOSIS: Why are you having the procedure?

HEIGHT:

WEIGHT:

BMI:

ALLERGIES: Please Give Details (Medications, Latex ,Tape, Food etc.)

MEDICAL HISTORY: Patient to complete, please tick whether you have ever had any of the following.

	Y	N		Y	N		Y	N
Diabetes BSL:			Hepatitis			Stroke		
Epilepsy or fits			High blood pressure			Heart Problems		
Pacemaker/Defibrillator			Mobility issues			Anaemia		
CPAP machine			Asthma			Bleeding disorder (clot)		
Taking blood thinners			TB, Tuberculosis			Are you or could you be Pregnant		
Kidney Disease			Rheumatic fever			History of anaesthetic problems		
Have you had an overnight stay in an overseas hospital or residential care facility within the past 12 months or been identified as a CRE contact during any hospitalisation in the past .12 months								
Do you have MRSA,VRE, HIV or clostridium difficile								
Have you recently travelled overseas within the last 14 days and are currently unwell?								
Do you currently have any symptoms of a respiratory infection? (Fever, cough)								
Do you currently have symptoms of gastro-enteritis? (Vomiting, diarrhoea)								

Surgical History

Have you had any surgery? Please give details:

Anaesthetic History

Have you had previous anaesthetic?

Have you or your family had problems with anaesthetic?

Do you smoke How many a day?

Do you drink alcohol How much per week?

Do you take any sedatives or sleeping medication

Do you take any alternative drugs: Please list

MEDICATIONS

(Please Bring In All Your Medications With You)

Are you taking any medications at present?

Please give details (including contraception pill, herbals vitamins , blood thinning eg aspirin, warfarin plavix)

OFFICE USE ONLY

NURSING PRE ADMISSION

Medical history checked

Suitable escort arrangement

Medication history OK

Any variance from Admission criteria PT contacted

Notes:

Nurse Signature : _____ **Date:** _____

ALERTS - PLEASE CIRCLE

Increased falls risk, Infection risk, Identified pressure risk, Treatment limiting/Advanced Care Directive order in place, Allergies, Hearing loss, Sight deficit, Carer required, Communication difficulties
Other:

NURSING ADMISSION

Observations

Preparation completed

Suitable escort arrangement

HT: WT: BSL:

Rights & Responsibilities

ADLS (glasses/dentures, etc)

Temp: P: BP: SaO²

Last oral intake at

Pre-Op Prep completed

Nurse Signature (Print name, sign and Designation)



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CONSENT FOR PROCEDURE

PART A: To be completed by Patient

The doctor whose name appears in Part B and I have discussed my present condition and the ways which it might be treated. The doctor has told me that

1. The administration of an anaesthetic and medicines may be needed in association with this procedure and they carry some risks.
2. Additional procedures or treatment may be needed if the doctor finds something unexpected and I agree to these additional procedures and/or treatment being carried out if required.
3. The procedure carries certain risks, the nature of those risks and complications have been discussed with me

I agree that I have been given the opportunity to ask questions of the doctor whose name appears below and understand the nature of the procedure and undergoing the procedure carries risks. I am satisfied with the answers and information I have received.

I have been advised of the risks associated with this procedure.

I understand that whilst I am in hospital, I will receive care, medications, tests and examinations as necessitated by the procedure I am undertaking.

I agree to be personally responsible for payment of all hospital treatment regardless of any claim I may have against any health fund or third party.

Following the procedure I have been advised I must have a responsible adult take me home. I realize that impairment of full mental alertness may persist for the rest of the day. I will not drive a car, operate machinery, drink alcohol or sign any legal documents on the same day of the procedure.

The answers I have given to all questions are true to the best of my knowledge and I have not withheld any information.

I acknowledge that Reservoir Private Hospital Day Procedure makes available to me Patient Rights and Responsibilities as well as Health Information Collection Disclosures.

Signed: _____ Relationship to patient: _____ Date: _____

Witness Signature: _____ Print Name: _____

*witness is verifying that they have witnessed the patient/guardian signing the form

PART B: To be completed by Proceduralist

I, **Doctor** _____ have informed (**Patient**) _____ of the nature and material risks of the recommended procedure. The agree procedure and treatment that the patient is to undergoing is:

Performed with or without biopsy, polypectomy and with or without banding.

Proceduralist Signature: _____ Print Name _____ Date: _____

PART C: To be completed by Anaesthetist

I have discussed with the patient the relevant aspects and risks of the anaesthetic and he/she has given consent to proceed.

Anaesthetist Signature: _____ Print Name: _____ Date: _____