... the start of something new ...

ADMISSION GUIDE

How to book into Hospital

STEP 1

Please read and complete

MR100

MR120

MR200

STEP 2

POST your **completed** forms using the enclosed reply paid envelope to:

Admissions Office
Western Private Hospital
PO Box 4258
West Footscray VIC 3012

STEP 3

If you have not received your Informed Financial Consent and Admission paperwork two days prior to your admission date, please phone the Business Office on (03) 9319 3163

ADMISSION DATE: ______ / ______ / ________

The hospital will confirm the admission and fasting times.

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FORMS

MR 100 Patient Registration ***Please complete and send to Hospital ASAP***

MR 120 Consent Form ***Please complete and send to Hospital ASAP***

MR 200 Pre-Admission Health Questionnaire ***Please complete and send to Hospital ASAP***

MAP 20

Photos displayed in this book are artists impressions of the new hospital currently under construction.

Hospital Admission Checklist

Before coming to hospital, please complete this checklist to ensure there will be no delays in your admission due to missing elements

- ☐ MR 200 Pre-Admission Health Questionnaire, MR 100 Patient Registration and MR 120 Consent Form completed and returned to hospital.
- ☐ Does your health insurance cover you for this admission?
- ☐ Do you have your doctors instructions for any preparations required?
- ☐ Do you have instructions in relation to taking your medication if coming in on the day of surgery?
- ☐ Day Patients - have you organised for someone to pick you up and stay overnight with you?

What to bring with you

- ☐ All cards - Medicare, Private Health Fund, Pensioner or DVA Card
- ☐ Method of payment for out of pocket expenses: cash, credit card (Visa & Mastercard only) or EFTPOS
- ☐ Clinical Information: doctor letters, reports, x-rays and scans
- ☐ Medication list (and medication in their original boxes)
- ☐ Medication repeats and authority scripts
- ☐ Physical aids e.g. crutches, CPAP machine

Discharge Preparation Checklist

- ☐ Discharge time is 10.00am for patients that have stayed overnight
- ☐ Collect all discharge medications, instructions, x-rays, scans and follow-up appointments
- ☐ Arrangements made for transport home
- ☐ Care at home arranged
- ☐ If you’re not going home—discharge location confirmed and/or discussed with Admission Planner
- ☐ Medical and Carer Certificate organized
- ☐ Complete feedback form

Prior to Admission

About this Admission Guide

This guide has been created to provide information about your forthcoming admission to hospital.

Please complete the attached forms at the back of this booklet, detach and return as soon as possible to the hospital in the reply paid envelope.

MR 100 Patient Registration
MR 120 Consent Form
MR 200 Pre-Admission Health Questionnaire

Contacts

Business Office	(03) 9319 3163
Mon – Fri, 8.30am – 5.00pm	(03) 9319 3153
(Non-clinical and Insurance enquiries)	
Admission Planner	(03) 9319 3185
(Medical and Surgical enquiries)	
General enquiries	(03) 9318 3177
Fax	(03) 9318 3590

Before Coming to Hospital

- Obtain an up to date list of your medications from your GP or Pharmacist. Please bring the medication list and your medications in their original boxes on the day of admission
- If you are unwell please contact your GP for clearance for surgery and/or contact your Surgeon and Anaesthetist
- Check your health insurance details. If you have private health insurance, we suggest you contact your health fund to confirm that your admission is covered and if there are any patient out of pockets expenses that will apply to this admission
- If you have a compensation claim (Workers Compensation, TAC, Third Party etc.) please confirm your entitlement for this admission with your insurer
- If you are uninsured or self insured, please contact the Business Office for an estimated cost for hospitalisation, which is payable on admission
- Ask your doctor to explain the medical fees which may be incurred
- Patients for elective surgery will be contacted by the Hospital by phone or letter to confirm your booking
- Should you require an interpreter, please ensure that you inform us prior to your admission on the MR 200 Pre-Admission Health Questionnaire, or contact the Admission Planner directly

The hospital will contact you via SMS, letter or telephone to confirm your admission and fasting times.

What to Bring With You

Clinical

- Any doctors letters, reports, notes and consent forms
- All relevant x-rays and scans
- All medication repeats and authority scripts
- An up to date list of your current medications authorised by your GP or pharmacist
- All medications you are currently taking, in the original packaging (including inhalers, patches, drops, injections and herbal medicines)
- Medications will not be dispensed from dosettes or Webster packs whilst in hospital.

Insurance

- Health Care card, Pharmaceutical Safety Net card and Pensioner Concession card
- Health fund card, DVA card for Veterans
- Medicare card
- Authorisation letter for treatment from TAC or Workcover
- Means of payment for any out of pocket expenses, (i.e. Excess or co-payments) by cash, EFTPOS, bank cheque or credit card (Visa and Mastercard only). Personal or business cheques are not accepted.

What is an Excess?

An Excess requires the patient to pay the first portion of their health insurance policy when admitted to hospital. An Excess payment can differ depending on the policy, please contact your health insurer for further information regarding an excess.

What is a Co-payment?

A co-payment is a daily charge on your policy with your insurance provider. A co-payment will apply per hospital visit but is often capped at a certain amount per admission. Co-payments will differ depending on the policy you have with your insurance provider, please contact your health insurer for further information regarding co-payments.

Personal Belongings

- Nightwear, dressing gown, slippers
- Toiletries
- Physical aids (walking stick, crutches, frame)
- Children - favourite toy or book
- Children - dressed in pyjamas or track pants and T-shirt
- Babies - Disposable nappies and infant formula with 2 bottles if you are not currently breastfeeding

When You Arrive

Please report to Reception where you will be admitted. Bed allocations are made on the day of admission. Whilst every effort is made to ensure your desired accommodation needs are met, no guarantee can be given.

On admission, please inform the nursing staff if you have any special needs or questions. You may be admitted via the Day Procedure Unit (DPU) even though you are booked as an overnight patient. In most cases your room will not be available until after surgery as patients may still be in the room awaiting discharge.

Your belongings will be clearly marked and delivered to your room.

You may be asked to walk to the operating theatre which is located nearby.

Even though most patients arrive with a support person it is not always possible for your support person to come to DPU with you, unless under special circumstances (parents of small children are the exception). Your support person is welcome to sit in the waiting area or café and nursing staff will keep them informed of your progress.

Day Surgery Patients

Having day surgery can mean staying anywhere from two hours to a full day in hospital. It can mean an early start and a wait for surgery depending where you are placed on the list. Please bring some reading material to help pass the time.

Please follow your doctor's instructions regarding special preparation prior to your procedure. Do not wear make-up, jewellery, acrylic nails or nail polish. Please wear loose comfortable clothing and tie long hair back on the day of your procedure.

You will be provided with discharge information.

It is important to have a responsible adult to collect you following your procedure and stay with you overnight. Your doctor may cancel your procedure if you don't have anyone to accompany you. As certain anaesthetics cause drowsiness it is also important that you do not drive for 24 hours after surgery.

Medications

It is important that you have instructions from your doctor regarding the scheduling of your medications and natural/herbal supplements prior to surgery, particularly if you take one of the following:

- Fluid tablets (Diuretic)
- Immunosuppressant or steroids
- Blood pressure tablets
- Anticoagulants/Antithrombolytics e.g. Aspirin, Warfarin, Clopidogrel, Persantin
- NSAIDS (Non-steroidal Anti-inflammatory Drugs) e.g. Diclofenac, Naproxen
- Glaucoma Eye Drops
- Anti-Parkinson's medications
- Insulin and other diabetic medications

Allergies

If you have had any allergies or previous reactions to medications, food or latex etc. and the severity of that reaction.

It is vital that you;

- Complete the allergy section of MR 200 Pre-Admission Health Questionnaire.
- Inform your doctor.
- Inform your admitting nurse.

Implantable Devices

It is essential that you let your Surgeon, Anaesthetist and Admission Planner know if you have an implantable device.

Implantable devices include:

- Pacemakers
- Intraocular lens implant (cataracts)
- Heart valves
- Joint replacements
- Deep brain or neurostimulators
- Medication pumps
- Lap bands
- Prosthesis

Please bring any information about the device to hospital with you.

Sleep Apnoea

It is essential that you inform your Surgeon, Anaesthetist and Admission Planner if you have diagnosed Sleep Apnoea. If you have been provided with a CPAP machine you must bring this with you to hospital.

Medical Power of Attorney or Living Will

If you have a nominated Medical Power of Attorney or hold a Living Will or Advanced Care Directive please let your admitting nurse know on admission.

Blood Transfusions

Blood and blood components are supplied by the Australian Red Cross Blood Service (ARCBS). The ARCBS has strict screening protocols for donors.

If you are a Jehovah's Witness or have other objections to blood transfusions, it is extremely important that you discuss this matter with your doctor and that your wishes are recorded in your medical record. It is important that your wish to not have a blood transfusion is clearly written on the hospital consent form before you sign the document.

Assisting with Movement

Our safe handling policy means staff are required to avoid manually lifting patients. We encourage patients to assist in their own transfers where possible.

Staff will use handling aids, (e.g. lifting hoists), which may mean there is a delay whilst the appropriate equipment is being obtained.

Falls Prevention

Falls can prolong a hospital stay or recovery period.

Nursing staff complete a falls risk assessment on all patients. This assessment will enable staff to identify your risk and ensure that appropriate strategies are in place to prevent you from falling.

If you have a past history of falls, please remember to discuss this with our nursing staff on admission. Brochures are available.

Infection Control

To ensure a healthy environment, we strongly recommend that any friend or family who are unwell avoid visiting the hospital.

It is also important to inform us if you have had any recent infections or have any concerns about exposure to infection.

Hand Hygiene

(hand washing or use of hand gel)
Performing hand hygiene is the single most effective way to prevent the spread of infections. Our staff are required to follow national guidelines regarding hand hygiene.

You have the right to ask any staff member, including medical and nursing staff, if they have performed hand hygiene prior to attending to you.

Patients and visitors are also reminded of the importance of cleaning their hands before and after hospital visits.

Pressure Injuries

Pressure injuries occur when there is unrelieved pressure on an area of skin resulting in damage. These injuries can be difficult to heal and can prolong your hospital stay. We use an assessment tool to determine your risk and identify your requirements to prevent pressure injuries. Brochures are available.

Preventing Blood Clots

Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) are blood clots that can form in the leg or lung. Both of these conditions can occur in the hospitalised patient and can cause long term complications. The treatment is ordered in collaboration with your doctor and can involve medications and pressure relieving stockings.

Please advise nursing staff if you have a past history of blood clots.

Valuables

Please be advised there are no facilities at this hospital to store valuables. We advise that all items of value must be left at home. The hospital is not liable for any claims for loss, theft or damage of personal property which may occur whilst an inpatient at Western Private Hospital.

Hospital Entrance

Patients and visitors enter the hospital through the main entrance located in Marion Street.

General Information

Visitor Accommodation

Accommodation is available for country or interstate visitors in a range of hotels nearby.

Smoking

The hospital has a strict smoke free policy. Smoking is not permitted by patients or staff anywhere within the hospital boundaries.

Spiritual Care

A representative from all denominations can be contacted at your request.

Pharmacy

The Pharmacy is located in the 1st floor of the hospital. Medications, as well as some toiletries for patients and visitors, are available.

If you need to purchase personal pharmacy items or discharge medications or medications not related to your admission diagnosis, you are required to pay the pharmacy direct for the cost of these items.

Veterans Services

Western Private Hospital has a Tier 1 rating with the Department of Veterans' Affairs. A Veterans' Liaison Officer will contact Veterans' during admission. The Department of Veterans' Affairs provides a feedback questionnaire for each overnight patient to complete. We encourage you to complete this questionnaire as your feedback is very important to DVA.

Internet Access

Wi Fi access is available for all patients and visitors free of charge. Please ask nursing staff for access.

Social Media

www.twitter.com/westernprivate

Join us on www.facebook.com/westernprivate

Food Handling

Please be advised that due to food handling regulations and OHS requirements, we are not able to reheat food bought in by patient, families or friends.

This includes, but is not limited to baby bottles or food, food prepared at home, frozen meals or takeaway food. We apologise if this causes any inconvenience.

Visiting Hours

Visiting hours are 2pm - 8pm.

There is a limit of 2 visitors per patient at any one time.

Public Transport

If you are using public transport, the Public Transport Victoria website is a great way to plan your trip. Western Private Hospital is listed as a Landmark.

http://ptv.vic.gov.au/

Train Services:

West Footscray station is a 10 minute walk from the hospital.

Footscray Station interconnects with trams and buses travelling to Western Private Hospital

Bus Services:

There are multiple bus routes that service Western Private Hospital.

Bus No	Route
410	Sunshine - Footscray via Ballarat
216 / 219	Caroline Springs - Brighton Beach - Gardenvale
223	Yarravile - Highpoint Shopping Centre
220	Sunshine - City - Gardenvale

Tram Services:

Route No	Route
82	Footscray - Moonee Ponds

Taxi:

There is a taxi phone located in the foyer.

Parking

Public Car Parks are located in

- Stanlake Street
- Eleanor Street

Fees apply.

Discharge from Hospital

Discharge time is 10.00am

We ask that you respect this time so that we are able to accommodate other patients awaiting surgery or treatment. Before you are discharged you will be provided with information relating to your medications, appointments and discharge instructions as appropriate, as well as being given the opportunity to provide feedback on your stay. You may be asked to wait in the patient lounge until your carer collects you.

Discharge Planning

If you are concerned about your discharge situation, please feel free to contact our Admission Planner before you are admitted to hospital.

Prior to your admission, consider planning for your return home. Areas to consider include personal care, home safety and equipment needs, meal preparation, shopping and domestic help. Where possible, it is important to make plans with your family and carer before you come into hospital.

Rehabilitation may be required and is determined by clinical need—please check your entitlements with your health fund.

Feedback - Formal, Informal, Compliments, Complaints

We value your feedback on our hospital, staff and the care that has been provided to you. Your opinions assist us to identify areas where we excel and also areas where we can improve. If we have not met your expectations in any way, we would like to know about it. We will respond to your complaint within 3 business days, investigate the issue and reply to you with our follow up.

Listed below are the various ways that you can submit feedback, this can done either during your stay or alternatively following your discharge.

- Ask to speak with the Nurse in Charge, Quality Manager, Clinical Services Manager, Complaints' Officer or Chief Executive Officer during your admission.
- Complete the patient survey on one of the IPads available
- Complete the online patient survey via our website www.westernprivatehospital.com.au
- Phone the hospital once you have been discharge and ask to speak to any of people listed above.
- Send us a letter or email

We can be contacted via the following methods;

- Phone: (03) 9318 3177
- Mail: PO Box 4258, West Footscray VIC 3021
- Website: www.westernprivatehospital.com.au
- Email: ceo@westernprivate.com.au

If you are not happy with the outcome of your complaint, you may contact the

Health Services Commissioner

(03) 8601 5200 or

1800 136 066 (country callers)

Your stay with us will not be affected by any feedback provided during your stay as we encourage and welcome your input.

Your Privacy and Access to Medical Records

Your privacy is protected by the hospital at all times. We have strict policies on who can access and receive your information and all staff are bound by a strict code of conduct and legal obligations with respect to maintaining the confidentiality of your information

In accordance with the Privacy Act 1988 (Cth), The Privacy Amendment (Enhancing Privacy Rrotection) Act 2012 and Privacy Regulations 2013, patients may obtain access to their medical record.

A full version of our Privacy Policy is available on our website: http://westernprivatehospital.com.au/patients-visitors/privacypolicy/

Hospital Accounts

Private Health Insurance

Although Western Private will confirm eligibility with your health insurance provider, we strongly recommend all patents with private health insurance contact their health fund prior to admission to confirm their level of cover.

When calling your health fund please discuss the following;

- Does your policy carry any restrictions or exclusions?
- Does your level of cover adequately cover your hospital stay including theatre fees and prosthesis?
- Are there any out of pocket expenses? i.e. excess or co-payments that are payable on admission?

Self Insured / Overseas Insurance

Self-insured and overseas insured patients are required to pay the estimation of expenses prior to or on admission. The hospital reserves the right to refuse admission if payment is not received. If you are a self insured patient please contact our Business Office to discuss your estimation.

Please note whilst every effort is made by Western Private Hospital to obtain the most accurate estimation of expenses prior to admission, sometimes these fees alter and the patient will be given an itemised account no later than 7 days after discharge.

WorkSafe / TAC

Prior to admission WorkSafe and TAC patients need to ensure that approval for treatment has been obtained from WorkSafe or TAC. If approval has not been granted for the hospitalisation it may result in an upfront payment for the procedure by the patient until authorisation can be obtained.

Department of Veterans' Affairs

Veterans and DVA patients are asked to bring their DVA card with them on the day of admission and present it to your admitting receptionist.

Hospital Account

Your hospital account includes the costs associated with your hospital stay only. These costs include accommodation, theatre fees and prostheses. Some prosthetic items have a "gap" which is not covered by your health fund and is payable by you.

Western Private Hospital will submit your hospital claim to your health insurance provider on your behalf.

Methods of Payment

Methods of payment for any out of pocket expenses, (i.e. Excess or co-payments) by cash, EFTPOS, bank cheque or credit card (Visa and Mastercard only). Personal or business cheques are not accepted.

Other Provider Accounts

In addition to the hospital account you may receive accounts from your Surgeon, Anaesthetist, Physician, Diagnostic Services (X-ray) and Pathology. These accounts are all billed separately. You can claim through Medicare and your health fund for these accounts.

Assistant Surgeon Accounts

Certain procedures require an assistant surgeon to be present for your procedure. If your surgeon uses an Assistant Surgeon employed by the hospital there will be no out of pocket expense for the patient. If your surgeon uses his own assistant surgeon there may be an out of pocket expense to pay. Please discuss with your surgeon to determine any amount payable.

Ambulance Accounts

In certain circumstances ambulance fees may be payable by patients. Western Private Hospital strongly recommends that you check your ambulance entitlements with your private health insurer and Victoria Ambulance prior to admission.

For further information please refer to the Victorian Department of Health July 1st 2014 Ambulance Guidelines.

Pharmacy Accounts

Medications required during your stay are included in your hospital account. Some "high cost" drugs not currently on the Pharmaceutical Benefits Scheme (PBS) may be charged to the patient if your health insurer does not cover the cost.

Your health fund does not cover medications;

- Supplied on discharge
- That you normally take prior to admission, which are dispensed whilst an inpatient.

These charges are payable on discharge to the Pharmacy located on 1st Floor.

Australian Charter of Healthcare Rights

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carer and services providing health care to share an understanding of the rights of people receiving health care. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

Guiding Principles

These three principles describe how this Charter applies in the Australian health system.

1. Everyone has the right to be able to access health care and this right is essential for the Charter to be meaningful.
2. The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.
3. Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.

For further information please visit: www.safetyandquality.gov.au

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

What can I expect from the Australian Health system?	
MY RIGHTS	**WHAT THIS MEANS**
Access	
I have the right to health care.	I can access services to address my healthcare needs.
Safety	
I have a right to receive safe and high quality care.	I receive safe and high quality health services, provided with professional care, skill and competence.
Respect	
I have the right to be shown respect, dignity and consideration.	The care provided shows respect to me and my culture, beliefs values and personal characteristics.
Communication	
I have the right to be informed about services, treatment, options and costs in a clear and open way.	I receive open, timely and appropriate communication about my health care in a way I can understand.
Participation	
I have a right to be included in decisions and choices about my care.	I may join in making decisions and choices about my care and about health service planning.
Privacy	
I have a right to privacy and confidentiality of my personal information.	My personal privacy is maintained and proper handling of my personal health and other information is assured.
Comment	
I have a right to comment on my care and to have my concerns addressed.	I can comment on or complain about my care and have my concerns dealt with properly and promptly.

10 Top Tips for Safer Healthcare

These 10 Tips can help you to become more active in your healthcare.

Questions	
Be actively involved in your own health care.	Take part in every decision to help prevent things from going wrong and get the best possible care for your needs.
Speak up if you have any questions or concerns.	• Ask questions • Expect answers that you can understand • Ask a family member, carer or interpreter to be there with you, if you want.
Learn more about your condition or treatments.	Collect as much reliable information as you can. Ask your health care professional: • what should I look out for? • please tell me more about my condition, tests and treatment. • how will the tests or treatments help me and what is involved? • what are the risks and what is likely to happen if I don't have this treatment?
Keep a list of all the medicines you are taking.	Include: • prescriptions, over-the-counter and complementary medicines (eg vitamins and herbs); and • information about drug allergies you may have.
Make sure you understand the medicines you are taking.	Read the label, including the warnings. Make sure it is what your doctor ordered for you. Ask about: • directions for use; • possible side effects or interactions; and • how long you'll need to take it for.
Get the results of any test or procedure.	Call your doctor to find out your results. Ask what they mean for your care.
Talk about your options if you need to go into hospital.	Ask: • how quickly does this need to happen? • is there an option to have the surgery/procedure done as a day patient, or in an alternative hospital?
Make sure you understand what will happen if you need surgery or a procedure.	Ask: • what will the surgery or procedure involve and are there any risks? • are there other possible treatments? • how much will it cost? Tell your health care professionals if you have allergies or if you have ever had a bad reaction to an anaesthetic or any other drug.
Make sure you, your doctor and your surgeon all agree on exactly what will be done.	Confirm which operation will be performed and where, as close as possible to it happening.
Before you leave hospital, ask your health care professional to explain the treatment plan you will use at home.	Make sure you understand your continuing treatment, medicines and follow-up care. Visit your GP as soon as possible after you are discharged.

Western Private Hospital

PATIENT REGISTRATION

Attach patient identification label

Patient Details

UR No: .... Admission No: ....

Surname: ....

Name: ....

Date of Birth: .... Gender: ....

Dr: ....

TO BE COMPLETED BY PATIENT

Specialist	**Diagnosis**
Admission Date ____/____/______ ☐ **Same Day Admission** ☐ **Overnight Admission**	**Procedure**

OUR ADMISSION STAFF WILL CONTACT YOU PRIOR TO YOUR ADMISSION REGARDING ANY OUT OF POCKET EXPENSES AND TO CONFIRM YOUR TIME OF ADMISSION

PATIENT DETAILS

Title Surname Maiden Name

Given Names	D.O.B.	Sex ☐ Male ☐ Female

Address	Post Code
Postal address	Post Code

Telephone (Home)	Telephone (Work)	Mobile

Email address

Marital Status ☐ Single ☐ Married ☐ Defacto ☐ Separated ☐ Divorced ☐ Widowed

Country of Birth	If Australia, Name State	Resident of Australia ☐ YES ☐ NO

Are you of Aboriginal / Torres Strait Islander (TSI) Origin? ☐ YES ☐ NO	If YES (please circle) Aboriginal / Torres Strait Islander (TSI) / Both
Interpreter Required ☐ YES ☐ NO	Preferred Language

Religion ☐ Consent for Clergy Visit

PERSON TO CONTACT

Next of Kin	Relationship	Tel (H)	Mobile
Second Contact	Relationship	Tel (H)	Mobile

LOCAL DOCTOR / PHARMACY

Family Doctor	Telephone
Address	
Pharmacy Name	Telephone

PREVIOUS HOSPITALISATION

Have you ever been a patient at Western Private Hospital before? ☐ YES ☐ NO If YES - When? (year)

Have you been hospitalised within 7 days prior to this admission? ☐ YES ☐ NO

If YES - Which hospital?	Dates:

MEDICAL RECORDS AND PRIVACY

Records will be kept of your condition and treatment. They are confidential. The contents will be divulged only with your consent or where justified by law. Western Private Hospital complies with the Privacy Act 1988, including the way in which we collect, store, use and disclose health information.

It may be necessary for parts of your medical record to be disclosed to other medical professionals to provide your treatment, or during activities necessary to operate our Hospital (eg. to your health fund, DVA, the Supplier / manufacturer of your prosthesis, to our insurer, your local doctor).

A full version of our Privacy Policy is available on our website: http://westernprivatehospital.com.au/patients-visitors/privacypolicy/

PLEASE COMPLETE REVERSE SIDE OF THIS FORM

BINDING MARGIN – DO NOT WRITE IN THIS AREA

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PATIENT REGISTRATION

MR 100

FINANCIAL INFORMATION

Attach patient identification label

Patient Details

UR No: .... Admission No: ....

Surname: ....

Name: ....

Date of Birth: .... Gender: ....

Dr: ....

PERSON RESPONSIBLE FOR ACCOUNT		
Title Surname	Given Name/s	
Address		Postcode
Telephone (Home)	Telephone (Work)	Mobile
Email address		

ENTITLEMENTS		
Medicare No. ☐☐☐☐☐☐☐☐☐☐ Number next to patient name ☐	Pension No.	Expiry Date
	Health Care Card No.	Expiry Date
Valid to ☐☐ / ☐☐☐☐	Ambulance No.	Expiry Date
Safety Net Card ☐ YES ☐ NO	Card No.	
Veterans Affairs VX No.	DVA Card Colour Gold / White	

How will this admission be claimed? - please tick	
☐ Private Health Insurance - Please complete section A	☐ Repat/Veterans Affairs - Please complete ENTITLEMENT section
☐ Workcover - Please complete section B	☐ Uninsured/Travel or Overseas Insurance - Please contact us on 9318 3177 for an estimate of your hospital costs. - These costs are payable on admission
☐ TAC or Third Party - Please complete section C	

SECTION A: Private Health Insurance		
Health Insurance Fund	Table / Level of Cover	
Membership No.	Date Joined	Date Paid to
Excess	Excess paid this year	Co-payments

Western Private Hospital recommends that you confirm your level of cover with your health fund prior to your admission to ensure that you are covered for this admission and any procedure performed. Certain levels of cover have out of pocket costs that patients are required to pay for their hospitalisation.

These costs not covered by your health fund are payable on admission. Any additional fees (ie. pharmacy) are payable on discharge.

SECTION B: Workcover	
Employers Name / Address	
Contact Person at Workplace	Telephone
Date of Injury	
Name of Work Insurance Co.	Claim Number
Contact Person at Insurance Co.	
Has your claim been accepted by Workcover?	

SECTION C: TAC or Third Party	
Date of Injury	Accident location
TAC Claim Number	Contact Person at TAC
Has your claim been accepted by TAC?	

WPH
Western Private Hospital

CONSENT FORM

Attach patient identification label

UR No: .... Admission No: ....

Surname: ....

Name: ....

Date of Birth: .... Gender: ....

Dr: ....

Patient Details

DECLARATION

I ....

of ....

hereby confirm that I have given consent to ....
(Name of specific surgeon performing procedure)

and any assistant, including accredited surgical registrar trainee, deemed necessary to perform the operation(s) / procedure(s) of:

....

....
(The site and side of the operation must be recorded in full (i.e. RIGHT or LEFT) and not abbreviated to L or R, whenever the side is recorded.)

on ....
(Insert either 'myself' or in the case of parent or guardian, the name of the patient.)

I also confirm that I have consented to such further or alternative measures as the person performing the procedure may find necessary during the course of such procedures and to the administration of a local or other anaesthetic for any of the foregoing purposes.

Dated this .... day of .... 20 ....

Signature of patient or parent / guardian ....

SURGEON CONFIRMATION

I .... have explained to the patient / person legally responsible for the patient, the nature of the above operation(s) / procedure(s).
(Name of specific surgeon performing procedure)

Dated this .... day of .... 20 ....

Signature of doctor ....

PREOPERATIVE INVESTIGATIONS

		Arranged Prior to Admission	Provider	Required on Admission
Pathology				
Xray				
ECG				

SPECIAL REQUIREMENTS ON ADMISSION

....

....

....

....

MEDICATION ORDERS ON ADMISSION

Date	Drug	Dose	Route	Frequency & Duration	Doctor's Signature	Record of Administration		
						Date Given	Time Given	Given By

BINDING MARGIN – DO NOT WRITE IN THIS AREA

CONSENT FORM

MR 120

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PRE-ADMISSION HEALTH QUESTIONNAIRE

Attach patient identification label

Patient Details

UR No: .... Admission No: ....

Surname: ....

Name: ....

Date of Birth: .... Gender: ....

Dr: ....

TO BE COMPLETED BY THE PATIENT

Admission Date:	
Admission Time:	

PATIENT HISTORY - *Please circle appropriate box.*			**STAFF USE ONLY**
Reason for Admission / Operation:			
Proposed operation / procedure:			
Do you require an interpreter? No Yes	Language:		Refer Policy C30P
Do you have any religious / cultural needs: No Yes (specify)			
Height:	Weight:	BMI (Staff Use Only):	Theatre notified if BMI >40

ALLERGIES - *Please document any known allergies.*		**STAFF USE ONLY** *Please initial*
ALLERGY / SENSITIVITY	REACTION	Red alert bands applied? Y N
		Adverse Reaction Alert Record & Medication Chart completed
Food allergy:		Kitchen notified? Y N
Latex allergy:		Theatre notified? Y N

CURRENT MEDICATIONS - *Please list ALL medications and bring these into hospital with you in their original containers / boxes.*

Drug Name	Dose	Frequency	Drug Name	Dose	Frequency
			Staff Use Only Documented on Medication chart? Y N		

Have you had a previous blood transfusion? No Yes Did you have any reaction? No Yes (specify)

SURGICAL HISTORY - *Please list any previous surgery you have had.*

Any previous problems with Anaesthetics? No Yes (specify)	Theatre notified? Y N

PRE-ADMISSION HEALTH QUESTIONNAIRE MR 200

Patient Name: .... UR Number: ....

ENDOCRINOLOGY - *Please circle appropriate box.*			*Name of Treating Dr*			**STAFF USE ONLY** *Please initial*
Diabetes?	No	Yes	Type 1	Type 2		☐ *Diabetic chart in history* ☐ *BSL on admission* ☐ *IBA Diet List updated* ☐ *Management plan documented*
controlled by			Diet	Tablets	Insulin	
Thyroid problems?	No	Yes	Specify:			

GASTROINTESTINAL - *Please circle appropriate box.*			*Name of Treating Dr*			**STAFF USE ONLY** *Please initial*
Indigestion / reflux	No	Yes				
Gastric / Peptic Ulcer	No	Yes				
Bowel elimination issues	No	Yes	Ileostomy	Colostomy		*Bowel management plan / stomal therapist required? Y N*
			Constipation	Diarrhoea		
Liver Disease	No	Yes	Specify:			
Hepatitis	No	Yes	Type A	Type B	Type C	

OTHER - *Please circle appropriate box.*						**STAFF USE ONLY** *Please initial*
Do you have existing wounds, pressure areas, ulcer, broken or reddened skin?	No	Yes	Specify:			*Wound chart completed? Y N* *Riskman completed? Y N*
Females - Are you pregnant?	No	Yes	____________ Weeks	Breastfeeding? Y N		*Consultant notified? Y N*
Do you drink alcohol?	No	Yes	How many per day?			*MR 715 AWS required? Y N*
Smoker?	No	Yes	How many per day?			
Ex-smoker?	No	Yes	When ceased?			
Do you use recreational drugs?	No	Yes	Specify:			
Visual Aids?	No	Yes	Glasses	Contact Lenses		*Aids labelled? Y N*
			Slight impairment	Prosthesis		
Hearing Aids?	No	Yes	Left	Right	Both	*Aids labelled? Y N*
Walking Aids?	No	Yes	Stick	Crutches	Wheelchair	*Aids labelled? Y N*
			Pick up frame	2 wheel frame	4 wheel frame	
Do you have Creutzfeldt Jacob Disease (CJD)?	No	Yes	Unsure			
Have you had Human Pituitary Growth Hormone prior to 1985?	No	Yes				*Theatre notified? Y N*
Have you had neurosurgery prior to 1985?	No	Yes				
Have you or do you have MRSA, VRE or any other infectious disease?	No	Yes	Specify:			*NUM and Infection Control notified? Y N*

PATHOLOGY / MEDICAL IMAGING - *Please circle appropriate box.*					**STAFF USE ONLY** *Please initial*
For **this admission** have you had any:					
Pathology tests	No	Yes	At:	Date:	*Received? Y N Sign:*
ECG / Stress ECG	No	Yes	At:	Date:	*Received? Y N Sign:*
Echocardiogram / Stress Echo	No	Yes	At:	Date:	*Received? Y N Sign:*
X-rays	No	Yes	At:	Date:	*Received? Y N Sign:*
CT / MRI / CT Coronary Angiogram	No	Yes	At:	Date:	*Received? Y N Sign:*
Other (Specify)					*Received? Y N Sign:*

BINDING MARGIN – DO NOT WRITE IN THIS AREA

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Patient Name: .... UR Number: ....

NEUROLOGICAL - *Please circle appropriate box.*			*Name of Treating Dr*		***STAFF USE ONLY*** *Please initial*
Stroke	No	Yes	Residual effects:		*Falls risk? Y N*
Epilepsy / Seizures	No	Yes	Last episode:		*Falls chart completed? Y N*
Short term memory loss / Confusion	No	Yes			
Alzheimer's / Dementia	No	Yes			
MS / MND / Parkinson's	No	Yes			
Mental Illness, Anxiety / Depression	No	Yes			
CARDIOVASCULAR - *Please circle appropriate box.*			*Name of Treating Dr*		***STAFF USE ONLY*** *Please initial*
Elevated cholesterol / triglycerides	No	Yes	Taking cholesterol medication? No Yes		*Admission ECG? Y N*
High blood pressure / Hypertension	No	Yes	Taking blood pressure medication? No Yes		*Preadmission Echo? Y N*
Chest pain / angina	No	Yes			
Palpitations, irregular heartbeats / AF	No	Yes			
Rheumatic fever / heart murmur / valvular disease	No	Yes			
Replacement / Repair heart valve	No	Yes	Year:	Type:	
Previous DVT, pulmonary embolism, varicose veins	No	Yes			*TEDS required? Y N*
Coronary Bypass Surgery	No	Yes	Year:	Vessels Bypassed:	
Coronary / Vascular stent	No	Yes	Year:	Vessels Stented:	
Pacemaker / AICD	No	Yes	Year:	Model:	
Heart failure	No	Yes			*Fluid Balance Chart? Y N*
Family history of heart disease	No	Yes			
Peripheral Vascular Disease	No	Yes	Specify:		
RESPIRATORY - *Please circle appropriate box.*			*Name of Treating Dr*		***STAFF USE ONLY*** *Please initial*
Bronchitis / Asthma / COAD / Emphysema / Asbestosis	No	Yes	Specify:		*CXR required? Y N*
Sleep Apnoea or Snoring	No	Yes	CPAP used? No Yes		*CPAP machine in hospital? Y N*
Shortness of breath or other lung problem	No	Yes	Specify:		
RENAL - *Please circle appropriate box.*			*Name of Treating Dr*		***STAFF USE ONLY*** *Please initial*
Renal failure / Impairment	No	Yes	Last Creatinine	Date	*Preadmission pathology? Y N*
Renal Disease	No	Yes	Specify:		*FBC required? Y N*
Are you on renal dialysis?	No	Yes	Peritoneal or Haemodialysis Access site - specify:		
Bladder issues	No	Yes	Specify:		
Urinary incontinence	No	Yes	Specify:		

Patient Name: .... UR Number: ....

Do you have any of the following in place? If yes, please ensure you bring a copy to the hospital.	☐ Advanced Care Directive	☐ End of life Plan	***STAFF USE ONLY***
	☐ Medical Power of Attorney	☐ Refusal of Treatment	*Please document on ADR*

DISCHARGE PLANNING / READMISSION RISK SCREENING - *Please circle appropriate box.*					***STAFF USE ONLY*** *Please initial*
Do you live alone?	Yes	No	Partner	Spouse	
			Family	Other	
Comment: ______					
Are you the primary caregiver for another person?	No	Yes	Specify:		
Do you live in your own home?	Yes	No	Hostel	Independent living unit	
			Nursing home	Other	
Comment: ______					
Have you tripped or fallen in the last 6 months?	No	Yes	Specify:		*Falls Risk chart completed? Y N*
Where do you plan to go after discharge?					
Who will be caring for you after discharge?	Name:		Phone:		
Who can we contact during your admission regarding discharge issues?	Name:		Phone:		
Discharge time is 10am. Who will transport you home?	Name:		Phone:		
List any community services you have in place.					

ORIENTATION TO WARD (Staff Use ONLY)		
☐ ID Band	☐ Visiting hours	☐ Meal times
☐ Toilet / bathroom	☐ Bed controls	☐ Lounge room
☐ Fire Exits	☐ Telephone	☐ Direct phone number
☐ WiFi password	☐ TV / Call bell	☐ Valuable policy

VALUABLE POLICY

I understand that whilst care is taken, all personal belongings are left at my own risk. Western Private Hospital can take no responsibility for belongings left in our care.

I have carefully read all the above and certify that the information I have given is correct and true to the best of my knowledge.

Patient Name: ______

Signature: ______ Date: ______

Preadmission Planner	*Name:*	*Signature / Designation:*	*Date:*
Admitting Nurse	*Name:*	*Signature / Designation:*	*Date:*
Accepting Ward Staff	*Name:*	*Signature / Designation:*	*Date:*

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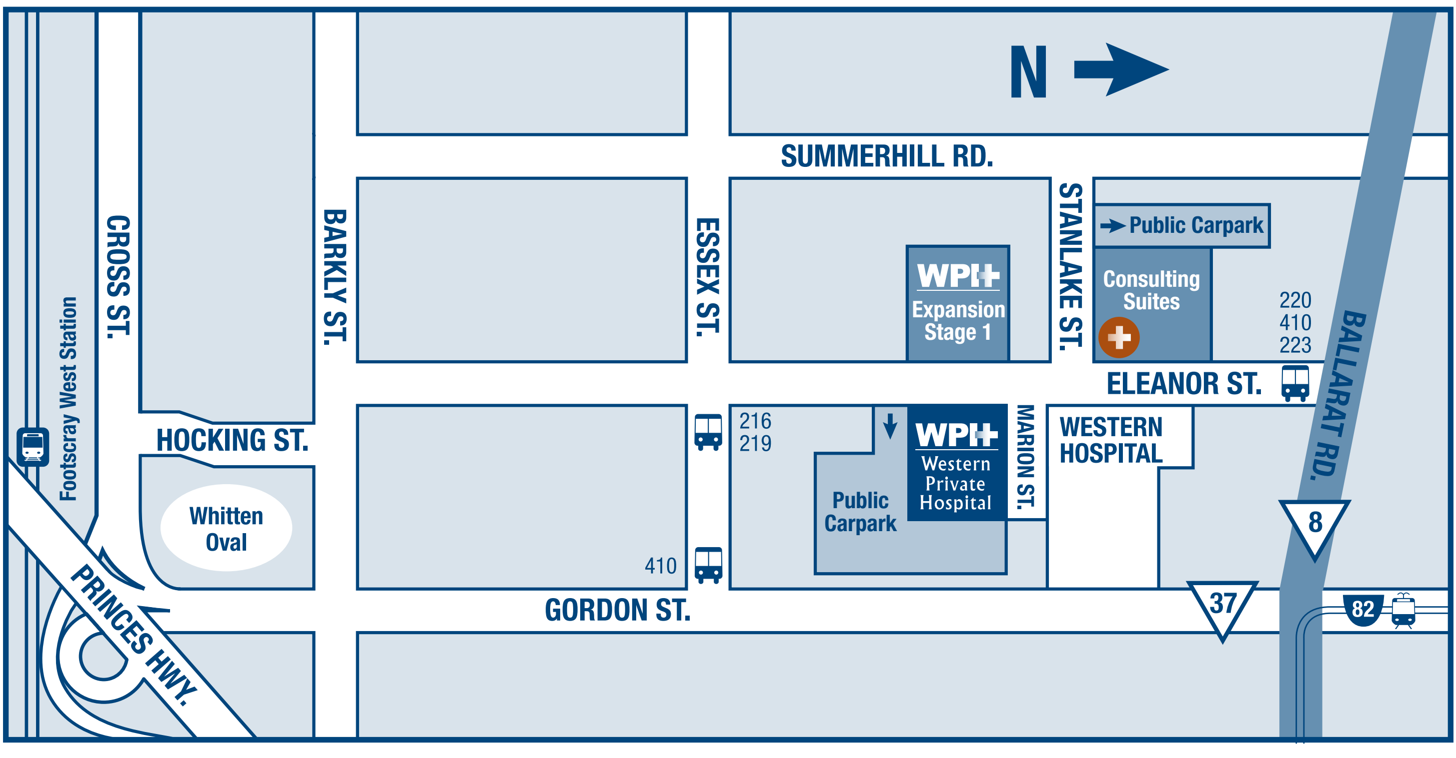

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