

MITCHAM
PRIVATE HOSPITAL

SURGICAL ADMISSION

Please complete the three forms at the back of the booklet, and return them either by fax, post or deliver them to the Hospital as soon as possible.

The Hospital will attempt to telephone you before your admission to confirm your information.

Thank you for choosing Mitcham Private Hospital

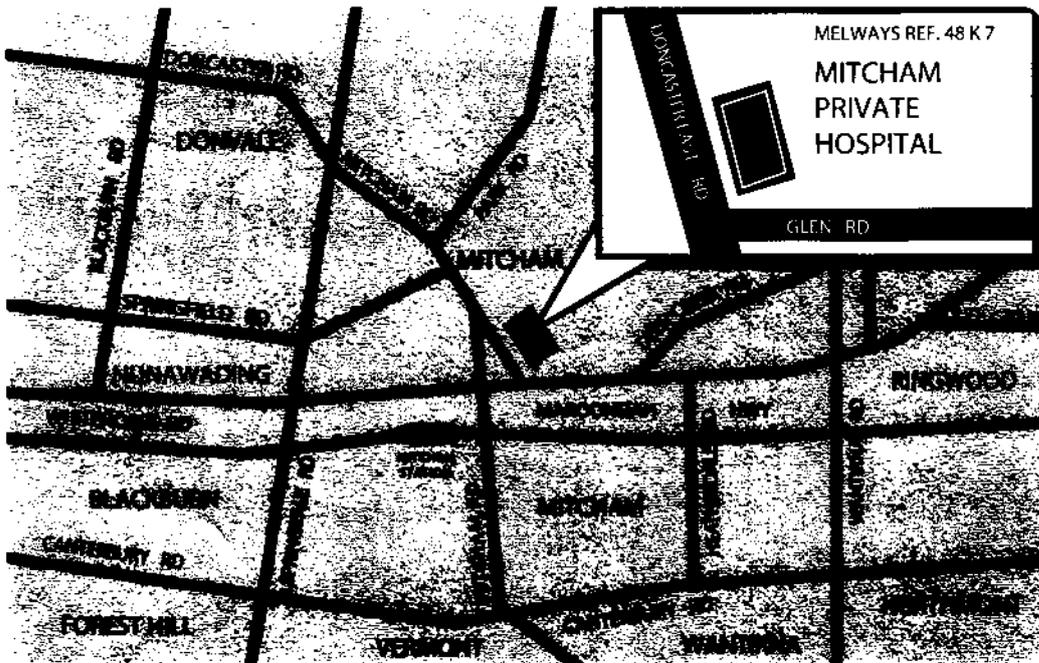
Admission Date :

Admission Time :

Fasting Time :

**IMPORTANT:
FORMS MUST BE RETURNED
IMMEDIATELY TO CONFIRM BOOKING**

If you need assistance to complete the forms or have questions regarding your admission, please phone the hospital, or come to the hospital reception desk and we will be pleased to help you.



**MITCHAM
PRIVATE HOSPITAL**

27 Doncaster East Road Mitcham Vic 3132
PO Box 170 Mitcham Vic 3132
Ph: (03) 9210 3222 Fax: (03) 9210 3223
www.mitchamprivate.com.au
www.ramsayhealth.com.au

Surgical Information

Prior to Admission

Please complete the admission forms and post, fax or deliver them to the hospital as soon as possible. If it is less than 48 hours prior to admission please fax forms to 9210 3223 or phone 9210 3222.

We recommend that prior to admission you consider the following:

You should ensure that you have someone to collect and accompany you home after the procedure. It is also important that you have arranged for a responsible adult to be with you at home for a period of time following your discharge.

You will need to consider how you will manage daily activities, such as personal care, meals, shopping etc after discharge.

This requires some thought, planning and involvement of family and friends. It may be appropriate to discuss the timing of your surgery with your support people to ensure that they are available. It is often possible to schedule surgery at a more convenient date and this should be discussed with your doctor.

If you need further guidance in this matter, please contact the hospital on 9210 3222.

On the Day of Admission

Please bring for Overnight Admissions:

- Nightgown and/or pyjamas
- Dressing gown and slippers
- Personal toiletries (soap, shampoo etc)
- Current medications in original packaging
- Personal details including Medicare card, Health Insurance details/book/card, Veterans Affairs and Pharmaceutical entitlements (if applicable)
- Relevant recent X-rays

On the day of admission:

- DO NOT eat or drink anything including water after midnight for morning surgery
- DO NOT eat or drink anything including water after 7am for afternoon surgery (prior to 7am have a light breakfast Eg. Tea and toast)

The hospital will contact you prior to admission to confirm your admission time.

- DO NOT smoke, chew gum or suck lollies
- DO NOT wear jewellery (wedding ring and watch are permitted)
- DO NOT wear make-up or nail polish

It is important that you have a shower on the day of your surgery, however;

- DO NOT use talcum powder

If you are having an Endoscopy Procedure please bring your referral into the hospital with you on the day of admission. Please follow preparation kit instructions strictly.

On Arrival

Please report to Reception for admission and from here you will be directed to the ward or the Day Procedure Unit. To help with your admission, please tell the nurse about any medical condition that you may have, past surgery and any medication that you may be taking.

Information about the Hospital

Visiting Hours

The hospital visiting hours are 2:00pm - 8:00pm daily.

If these times are not suitable for particular visitors, other arrangements may be organised with the nurse in charge. Children visiting the hospital are welcome, but we ask that they be accompanied by an adult at all times.

Parking

Free visitor car parking is available.

Meals

Special consideration is taken when planning and providing your meals.

If you have any special dietary requirements, please attach a note with your Registration Forms so that we can cater to your needs.

Meals for partners and visitors are available at a small cost.

(Continued overleaf)

Information about the Hospital

(Continued)

During your stay

For overnight patients a bedside telephone is available for your use. Local calls are free of charge. If you wish to phone an STD or mobile number, this can be done by use of a "phoneaway" card. These can be purchased prior to admission or from the Hospital reception (these are available for \$5 and \$10).

Plasma televisions are in each room and are provided free of charge. A patient comfort pack is available that includes access to Foxtel and wireless internet (own laptop required or Net Kiosk available) for a small fee. Any mail you receive will be delivered to your room.

Smoking is not permitted in the hospital.

Patient Account Information

Accounts/Fees

If you are a member of a health fund it is important, prior to your admission, to check with it regarding the following:

- That your level of Health Fund Cover adequately covers the cost of the procedure/s and accommodation
- If an excess is payable on admission
- If you have been a member of your Health Fund for less than 12 months your fund may not accept liability for the cost of this admission. Eg. If your condition or any symptoms of your condition existed prior to your joining. If there is a question regarding pre-existing symptoms, your health fund has the option to obtain details in this regard from your GP or specialist

Pharmacy, pathology, imaging and x-ray may incur additional charges. Sundry item charges are payable on discharge. Please note that medical and allied health practitioner's fees may be billed separately by the practitioner.

Payment Procedure

Private Patients - the portion of your estimated hospital account not covered by your health fund, eg. an excess, must be paid on admission. Any additional costs incurred during your stay are payable prior to discharge.

TAC/Workcover/DVA - total payment (aside from any ancillary charges) must be made on admission unless approval for admission has been confirmed.

Self-Insured Patients - total payment (aside from any ancillary charges) must be made on admission. Any additional costs incurred during your stay are payable prior to discharge.

Discharge Information

Discharge planning is a vital component of your stay at Mitcham Private. If you are having a Day Procedure you will be discharged once you have met all of the appropriate discharge criteria and the nursing staff deem you fit for discharge.

You must arrange to be accompanied home by a responsible adult.

If you are staying overnight or multiple days you will be discharged following the approval of your admitting Doctor.

Discharge time is 9.30am

Should you request a late discharge for other than medical reasons, a late discharge fee may apply.

Valuables

It is strongly recommended that you do not bring jewellery or large amounts of money to hospital. Mitcham Private Hospital does not accept responsibility or liability for any items brought into the hospital.

Our experienced and dedicated staff look forward to caring for you during your stay.

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, carers 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.

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 a 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 a 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 shown respect, dignity and consideration.	The care provided shows respect to me and my culture, beliefs, values and personal characteristics.
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.

Please remove and complete the following three forms (front & back) and return to Mitcham Private Hospital at least 3 days prior to Admission.

If this is not possible please call the Hospital on 03 9210 3222 and ask for Pre Admissions.

Remember your Admission is not booked until Mitcham Private Hospital receives the following three forms:

- **MR 101 PRE ADMISSION REGISTRATION**
- **MR 306 MEDICAL HISTORY**
- **RAMSAY HEALTH CARE PRIVACY POLICY**

MITCHAM PRIVATE HOSPITAL

27 Doncaster East Road Mitcham Vic 3132
Ph: (03) 9210 3222 Fax: (03) 9210 3223

PRE ADMISSION REGISTRATION

PLEASE COMPLETE AND RETURN TO THE HOSPITAL AT LEAST 3 DAYS
PRIOR TO ADMISSION

Unit Record Number:

Family Name:

Given Names:

Date of Birth: Age:

Sex:

OR USE LABEL

PATIENT DETAILS

Medical Admin / Consent form received: Yes No

Room / Bed No.

Date of Admission

Time of Admission am pm

Date of Discharge

Time of Discharge am pm

Admission No:

Have you been a patient at this hospital before? YES NO If yes, when?

Surname Was:

Surname: (Mr. Mrs. Ms. Miss)

Given Names:

Preferred Name:

Address (Include Postcode):

Phone:

(Home)

(Work)

(Mobile)

Postal Address:

Sex: M F

Marital Status:

Date of Birth:

Age:

Country of Birth: (If Australia, which state?)

Are you an Aboriginal or Torres Strait Islander? YES NO

Religion:

Occupation:

Medicare Ref. No:

Medicare No:

For Pharmaceutical Benefits Pension/Healthcare/Safety Net (Insert No.)

Medicare Expiry Date:

Has your admission been approved by Veterans' Affairs? YES NO

Card?

Gold

White

DVA No.

PERSON TO CONTACT:

Relationship:

Phone:

(Home)

(Work)

(Mobile)

Address:

Admitting Doctor:

Referring Doctor:

Family Doctor/Clinic:

Family Doctor/Clinic Address:

Power of Attorney/Other N.O.K:

Phone:

(Home)

(Work)

(Mobile)

Address:

INSURANCE DETAILS

Name of Health Fund:

Level of Cover:

Membership No:

Contributor:

Date Joined Current Schedule:

Date Paid To:

Have you an excess? YES NO

If yes, have you paid your excess for this year's claim? YES NO
(If unsure check with your Health Fund)

Have you been in any other hospital this year? YES NO If yes, where?

Date

PREFERRED OVERNIGHT ACCOMMODATION

PRIVATE ROOM SHARED OR DAY SURGERY

Whilst every effort will be made to provide the type of accommodation requested, please understand circumstances will not always permit us to do so.

Please note - approval prior to admission is essential for WorkCover, T.A.C. and Veterans' Affairs patients.

WORKCOVER

TAC

Accidents outside Victoria may not be covered.

Name of Employer:

TAC Ref No:

Date of Accident:

Address:

Location:

Postcode:

Phone No:

Reported at (Police Station):

Contact Person:

Registration of Vehicles Involved:

Date of Accident:

Claim Accepted: YES NO

Mode of Transport:

Insurance Co:

Claim No:

Driver/Passenger:

Nature of Injury:

Other Driver:

Has liability been accepted by Insurance Company? YES NO

Has this admission been approved? YES NO

YES NO

Diagnosis on Admission

DRG

I agree to pay before leaving the hospital, all charges which are not refundable by my health fund, WorkCover or Transport Accident Commission. I accept that the hospital is not responsible for the loss of any money or valuables.

Signature

OFFICE USE ONLY

MAR 2010

PRE-ADMISSION REGISTRATION

MR 101

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MITCHAM PRIVATE HOSPITAL

27 Doncaster East Road Mitcham Vic 3132
Ph: (03) 9210 3222 Fax: (03) 9210 3223

MEDICAL HISTORY FORM

Unit Record Number:

Family Name: _____

Given Names: _____

Date of Birth:

Age:

Sex:

OR USE LABEL

ADMISSION DETAILS	YES	NO	COMMENTS / DETAILS				
Have you had any blood tests taken?			Date: _____ Company: _____				
Have you donated your own blood?			Number of units: _____				
Have you had any Xrays taken?			Company: _____				
ALLERGIES	YES	NO	REACTION				
<input type="checkbox"/> Medications							
<input type="checkbox"/> Tapes <input type="checkbox"/> Lotions <input type="checkbox"/> Food							
<input type="checkbox"/> Latex / rubber							
<input type="checkbox"/> Other							
MEDICATIONS							
Have you recently taken the following medications?							
<input type="checkbox"/> Warfarin <input type="checkbox"/> Blood thinning/Aspirin based <input type="checkbox"/> Anti inflammatory/Arthritis <input type="checkbox"/> Cortisone/Steroids							
Have you recently stopped/been ordered to stop the above medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Date last taken: _____							
List all medication/tablets/puffers/vitamins/herbal medicine that you currently take:							
Medication	Dose	Frequency	Last Taken	Medication	Dose	Frequency	Last Taken
CURRENT & PAST MEDICAL HISTORY:	YES	NO	DETAILS & DATES				
Have you had or do you have any of the following?:							
Diabetes – <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Unsure Managed with: _____							
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Low blood pressure							
<input type="checkbox"/> Heart attack <input type="checkbox"/> Angina <input type="checkbox"/> Chest pain							
<input type="checkbox"/> Palpitations <input type="checkbox"/> Irregular heart beat							
<input type="checkbox"/> Heart murmur <input type="checkbox"/> Atrial fibrillation							
<input type="checkbox"/> Pacemaker <input type="checkbox"/> Heart valve replaced Bring pacemaker details with you/or attach							
<input type="checkbox"/> Heart surgery							
<input type="checkbox"/> Rheumatic fever							
<input type="checkbox"/> Asthma <input type="checkbox"/> Bronchitis <input type="checkbox"/> Hayfever							
<input type="checkbox"/> Pneumonia <input type="checkbox"/> TB <input type="checkbox"/> Emphysema							
<input type="checkbox"/> Stroke <input type="checkbox"/> TIAs							
<input type="checkbox"/> Tendency to bleed or bruise							
<input type="checkbox"/> Anaemia							
<input type="checkbox"/> Blood clot in legs <input type="checkbox"/> Blood clot in lungs							
<input type="checkbox"/> Liver disease <input type="checkbox"/> Hepatitis (A, B, C)							
Do you have reason to believe that you may be at increased risk of HIV, Hepatitis?							
<input type="checkbox"/> Recent cold <input type="checkbox"/> Flu <input type="checkbox"/> Other infection							
<input type="checkbox"/> Kidney problems <input type="checkbox"/> Bladder problems Incontinent <input type="checkbox"/>							
<input type="checkbox"/> Bowel problems Incontinent <input type="checkbox"/>							
<input type="checkbox"/> Gastric ulcers <input type="checkbox"/> Hiatus hernia							
<input type="checkbox"/> Epilepsy <input type="checkbox"/> Fits							
<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Other mental illness							
Female patients: could you be pregnant?							
Do you have any problems sleeping? Regular sedation <input type="checkbox"/>							
Have you had chemotherapy / radiotherapy?							
Do you have pain?							

MEDICAL HISTORY

MR 306

Ramsay Health Care Privacy Policy

Ramsay Health Care is bound by the National Privacy Principles under the Privacy Act 1988 (Cth) and other relevant laws about how private health service providers handle personal information.

We are committed to complying with all applicable privacy laws which govern how Ramsay Health Care collects, uses, discloses and stores your personal information.

The Privacy Statement sets out in brief how Ramsay Health Care will handle your personal information.

For further information or to receive a copy of our full Privacy Policy, please ask a staff member, visit our website: www.ramsayhealth.com.au or telephone the Hospital and ask to speak with our Policy Officer.

You can also write to our Privacy Officer to request more information.

Ramsay Health Care will collect your personal information for the purpose of providing you with health care and for directly related purposes. For example, Ramsay Health Care may collect, use or disclose personal information:

- for use by a multidisciplinary treating team;
- to liaise with health professionals, Medicare or your health fund;
- in an emergency where your life is at risk and you cannot consent;
- to manage our hospitals, including for processes relating to risk management, quality assurance and accreditation activities;
- for the education of health care workers;
- to maintain medical records as required under our policies and by-law; or
- for other purposes required or permitted by law

Personal information may be shared between Ramsay Health Care facilities to coordinate your care. We also outsource some of our services. This may involve us sharing your personal information with third parties. For example, we outsource the conduct of our patient satisfaction surveys to a contractor who may write to you seeking feedback about your experience with Ramsay Health Care. We may also outsource the archiving of our medical records to a contractor. Where we outsource our services we ensure that third parties have obligations under their contracts with Ramsay Health Care to comply with all laws relating to the privacy and confidentiality of your personal information.

Ramsay Health Care will usually collect your personal information directly from you, but sometimes may need to collect it from someone else (for example, a relative or another health service provider). We will only do this if you have consented or where your life is at risk and we need to provide emergency treatment.

We will not use or disclose your personal information to any other persons or organisations for any other purpose unless:

- you have consented;
- the use or disclosure is for a purpose directly related to providing you with health care and you would expect us to use or disclose your personal information in this way;
- we have told you that we will disclose your personal information to other organisations or persons; or
- we are permitted or required to do so by law

You have the right to access your personal information in your health record. You can also request an amendment to your health record should you believe that it contains inaccurate information.

Please complete this section below:

If you consent to Ramsay Health Care using or disclosing your personal information for the following purpose, please tick the box and sign the consent below:

- to receive a visit from a pastor or chaplain;
- to receive an informal visit from a member of the local veteran community.

Consent

I hereby authorise the Hospital to collect, use and disclose my information as described above.

Signature of Patient or authorised representative

Print Name

_____/_____/_____
Date



RAMSAY
HEALTH CARE

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