

Pre Admission Information

It is essential that the hospital receives the two enclosed forms as soon as possible following your visit to the Surgeon/Specialist Physician in order to minimise delays on the day of admission.

PATIENT INFORMATION

Welcome and thank you for choosing John Fawkner Private Hospital.
We hope that your stay with us will be as comfortable and pleasant as possible.

PRE-ADMISSION INFORMATION

Pre-admission is an important part of your Hospital care. To ensure we can confirm your admission, financial and other arrangements, **we ask that you:**

- **Please take the time to read and complete the Pre-Admission Form and Patient History Form. Detach from booklet and return the forms immediately to John Fawkner Private Hospital in one of the following ways:**
 - **In person to reception**
7am-8pm Monday to Friday
9am-4pm Saturday to Sunday
 - **Fax**
Please remember to bring the original forms on the day of admission.
 - **Post in envelope provided**
At least 7 days before admission date
- Please ensure that you bring the following documentation either when you bring your forms to the Hospital or on the day of admission:
 - Health fund book and/or card
 - Medicare card
 - Pharmaceutical entitlements/safety net card
 - Pension card/Health card
 - Repatriation/Veterans' Affairs card
- Your Surgeon/Specialist Physician will notify the Hospital of the date of your procedure/operation and inform you of the date of admission. The Surgeon/Specialist Physician will also explain your procedure or operation and complete the consent form with you.

- If you have any questions about hospital procedures, completion of forms, cost or health insurance status, our staff will be happy to assist you.

MEDICATION

Please ask your **Surgeon/Specialist Physician** if he/she wants you to take your medication prior to surgery.

ON THE DAY OF ADMISSION

Bring into hospital any medications you are currently taking and any current x-rays. Remove all jewellery, make-up and nail polish. Please report to the main Reception desk to be directed to the appropriate area of the Hospital.

DO NOT EAT OR DRINK ANYTHING BEFORE THE SURGERY. (Unless your Surgeon / Specialist Physician gives you special instructions):

- **FOR MORNING SURGERY DO NOT** eat, drink or smoke anything after midnight the night before your surgery.
- **FOR AFTERNOON SURGERY DO NOT** eat, drink or smoke anything after 7am on the day of your surgery. - (a light breakfast prior to 7am is acceptable ie. tea and toast)



How Will You Claim For This Admission (please tick ✓ one box only)

- Private Health Insurance - Please complete Sections A and C Repat/Veterans' Affairs - Please complete Entitlements and Section C
- WorkCover/Third Party/TAC - Please complete Sections B and C Uninsured - Please complete Section C only

Section A: Private Health Insurance

Health Fund Name: Membership No:

--	--	--	--	--	--	--	--	--	--

 Date Joined: / /

Has this level of cover changed in the last

Type of cover: Single Family Other Level of cover (if known)..... 12 months? No Yes

Summary of out of pocket costs (office use only) \$

Patient notified by:

Section B: WorkCover or Third Party

- WorkCover Third Party TAC (Please tick box)

• The approval letter for this admission (from your insurance company) must accompany this form.

Insurance Company Details: Name of Insurance Company:

Address:

Suburb: State: Postcode:

Telephone: Claim No: Authorised by:

Has your insurance company accepted liability? Yes No Please specify reason (if no):

WorkCover Patients Only - Employer Details: Name of Employer:

Address:

Suburb: State: Postcode:

Telephone: Date of Accident: / /

Has your employer completed a Report of Injury Form?: Yes No Have you completed a WorkCover Claim Form?: Yes No

Please go to Section C - "Payment of Accounts"

Account Details

Is the Patient responsible for this account? No (Complete this section) Yes (Go to next section)

Name: Relationship to Patient:

Address:

Suburb: State: Postcode:

Telephone (Home): (Business): (Mobile):

Preferred Accommodation

Whilst every effort is made to accommodate your request, we cannot always guarantee availability on the day of admission.

Overnight Patients only - please indicate your preferred accommodation below. Note: Veterans' Affairs, WorkCover and Third Party Patients are covered for shared Room Accommodation only - a separate charge may apply for a single room.

Shared Room Single Room **Please check level of health insurance cover if requesting a single room**

Section C: Payment of Account - all patients to complete

The portion of your estimated hospital fees not covered by a health fund must be paid on admission, and any additional fees incurred during your stay are payable on discharge. I understand and agree to pay all fees to my hospital visit, including where my health fund or my insurance claim is declined for any reason.

I understand that the hospital will not be liable for any valuables I bring to the hospital.

Signature of person responsible for account: Date: / /

Witness (Admission Clerk)

PATIENT HISTORY FORM

MR 3C

BINDING MARGIN - DO NOT WRITE IN THIS AREA





PATIENT HISTORY FORM

Attach patient identification label

UR Number: Surname: Name: Date of Birth: Gender: Dr:

Patient Details

Please PRINT clearly. Your responses are valuable in planning your admission and caring for your stay. Please return to John Fawkner Private Hospital as soon as possible.

Name of person completing the form and Relationship to Patient

Details:

ADMISSION DETAILS

ADMISSION DATE: / /

Please specify the reason for your admission

Table with columns YES, NO and rows for injury, pathology, and X-rays.

What is your: Height..... cms Weight.....kgs Blood Group (if known).....

MEDICATIONS

Table with columns YES, NO and rows for blood thinning, steroids, and other medications.

GENERAL MEDICAL CONDITION

Table with columns YES, NO and rows for various medical conditions like Diabetes, Cancer, Stroke, etc.

Document all pressure ulcers on wound chart.

Form for documenting pressure ulcers with fields for area, site, and preventative measures.

FALLS RISK

SCORE

Yes No

Form for falls risk assessment with Yes/No checkboxes.

Complete falls risk assessment and implement safety strategies.

BINDING MARGIN - DO NOT WRITE IN THIS AREA

PATIENT HISTORY

MR 3D

PREVIOUS OPERATIONS / PROCEDURES / ANAESTHETIC DETAILS

Have you had previous operations, please list dates and operation performed:

Date / /
Date / /
Date / /
Date / /
Date / /

Table with columns YES, NO, SPECIFY DETAILS. Rows: Have you or anyone in your immediate family ever had a reaction to anaesthetic? Have you ever had a blood transfusion?

PROSTHESIS / AIDS / OTHER

Table with columns YES, NO, SPECIFY DETAILS. Rows: Glasses/Contact Lenses, Hearing Aid or other hearing appliance, Body Piercing, Dentures/Caps/Crowns/Loose Teeth, Artificial joints or limbs, Metal plates/pins

LIFESTYLE

Table with columns YES, NO, SPECIFY DETAILS. Rows: Smoker, Ex Smoker, Do you drink alcohol?, Do you use recreational drugs?, Do you require a special diet?, Do you exercise?, Do you require an interpreter?, Do you have someone to interpret for you?

ALLERGIES

Table with columns YES, NO, SPECIFY DETAILS AND REACTION. Row: Have you any allergies to medications, food, sticky plaster, rubber (e.g. balloons, gloves) or other substances?

QUESTIONS RELATING TO CRUETZFELDT-JAKOB DISEASE

Table with columns YES, NO. Rows: Have you had a dura matter graft between 1972-1989? Do you have a family history of 2 or more related with CJD or unspecified progressive neurological disorder? Have you received human pituitary hormones (growth hormones, gonadotrophins) prior to 1985? Has the patient suffered from a recent progressive dementia (physical or mental), the cause of which has not been diagnosed?

DISCHARGE PLANNING – Answering these questions will assist us in planning for your discharge from hospital.

1. Are you aged 75 years or over? 2. Do you live alone? 3. Do you have any caring responsibilities for others? 4. Do you usually require assistance with daily activities? 5. Do you have any concerns regarding how you will manage at home after discharge? 6. Have you been discharged from hospital or presented to an emergency department in the last 28 days for the same condition? Provide Details: Where do you plan to go after discharge? How do you plan to get there?

NURSING STAFF USE ONLY

Please calculate discharge risk score. Score 1 point for each 'yes' response. Discharge Risk Score 6. Referral made to discharge co-ordinator [] Yes [] No Discharge outcome plan commenced [] Discharge co-ordinator referral required for: a) Patients with a discharge risk score of 3 or more; b) Patients with specific discharge needs that will require intervention.

Signature Designation Print Initials Date & Time (Hrs) IF "YES" TO CJD, DISCHARGE PLANNING, LATEX/RUBBER, FOOD, STICKY PLASTER ALLERGY, ASTHMA, HAYFEVER or FALLS QUESTIONS PLEASE REFER TO PATIENT POLICY.

BINDING MARGIN – DO NOT WRITE IN THIS AREA



PATIENT INFORMATION

ACCOUNTS/FEEES

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

- That your level of health fund adequately covers the cost of the procedure and accommodation outlined in the Pre-Admission form.
- If an excess is payable for this admission.
- **If you have been a member of your Health Fund for less than 12 months your fund may not accept liability for the costs 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 attract an additional charge. STD telephone calls and 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 eg. the cost of pharmacy items that the patient will take home and the cost of some investigations that were carried out during your hospital stay.
- Repatriation (DVA) patients - the hospital will lodge a claim on your behalf. Any additional costs incurred during your stay are payable prior to discharge. eg. the cost of pharmacy items that the patient will take home and the cost of some investigations that were carried out during your hospital stay.

- WorkCover patients - total payment (aside from any ancillary charges) must be made on admission unless approval for admission has been confirmed.
- Third party patients - total payment (aside from any ancillary charges) must be made on admission.
- Uninsured patients - total payment (aside from any ancillary charges) must be made on admission.
- Other costs which may be incurred during your stay are payable on discharge. Please bring provision for payment of these fees on admission to hospital.

Payment may be made by cash, cheque, credit card or eftpos.

MEALS

John Fawkner Private Hospital aims to provide a choice of meals and to supply special diets where it is in the interest of your medical care. Food or alcoholic drinks should not be brought to you by visitors without the permission of your Nurse.

VALUABLES

It is strongly recommended that you do not bring jewellery or large amounts of money to Hospital as provision for safe custody is limited. However, if it is unavoidable, please arrange with the Reception Staff or Nurse to have it put into safe custody. John Fawkner Private Hospital does not accept liability for any items brought into the Hospital.

VISITING HOURS

- General Ward, High Dependency 2pm-8pm
- ICU/CCU - Visiting hours are restricted and limited to immediate family only. Visitors with children check with the Registered Nurse in charge
- Arrangements for visiting outside of usual visiting hours can be made in consultation with the Nursing staff
- Parents are welcome to stay with their children. Relatives may stay with critically ill patients.

MEDICAL RECORDS AND PRIVACY

Records will be kept of your illness and treatment. They are confidential. The contents will be divulged only with your consent or where justified by law. You are entitled to see or correct your medical record at any stage.

John Fawkner Private Hospital complies with the Privacy Act 1988, including the way 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, to our insurer, to an external company contracted by John Fawkner Private Hospital to evaluate customer satisfaction).

DISCHARGE INFORMATION

- **DISCHARGE TIME IS 10am SHARP** (excluding Day Procedure patients who will be informed of the approximate discharge time on admission).
- You should arrange for someone to escort you home.
- You must not drive a car until the day following your operation/procedure or anaesthesia (your motor vehicle insurance may not cover you). Please ask your Surgeon/Specialist Physician when you are able to drive following your discharge from hospital.
- Before you leave the hospital, make sure that you or your relatives/friends know how to care for you at home.
- Check with your Nurse/Doctor about continuing medication, follow-up appointments, etc.
- Please do not forget to collect any x-rays or medications brought with you on admission.

Please contact your Nurse if you have any concerns, problems or suggestions during your stay.

JOHN FAWKNER PRIVATE HOSPITAL

Postal address:
275 Moreland Road.
Coburg Vic 3058

Telephone:
(03) 9385 2500

Pre-Admission Fax:
(03) 9385 2171

