

ADMISSION FORMS

health^e.care

Unit Record Number

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Family Name _____

Given Names _____

Date of Birth

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

 Age

--

Sex Room No.

--	--	--

REQUEST FOR ADMISSION

To _____ Hospital
To be completed by Doctor. Please PRINT clearly

OR USE LABEL

REQUEST FOR ADMISSION

Mr, Ms, Mrs, Master: _____
Surname Given Names

Address: _____

Telephone: _____ Date of Birth: ____/____/____ Sex: ____
Home Business

ADMISSION DETAILS (To be completed by Medical Practitioner)

Provisional Diagnosis

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Proposed Admission Date:

	/		/	
--	---	--	---	--

 Time (if known):

	:		AM / PM
--	---	--	---------

Proposed Procedure Date:

	/		/	
--	---	--	---	--

 Time (if known):

	:		AM / PM
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Estimated Length of Stay:

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 Day Stay OvernightHDU required Post-Op?* Yes No Estimated Operating Time: ____ hrs ____ minsICU required Post-Op?* Yes No Type of Anaesthetic LA GAPre Admission Clinic?* Yes No * If the service is provided by the hospitalReferrals Required:

Special Admission Instructions / Past History / Allergies / Medications

SPECIFIC PRE-OPERATIVE INSTRUCTIONS

 Anaesthetic Consultation Pre admission assessment Pathology tests required _____
Specific equipment required _____ Investigations required _____ Operating theatre advised (If "add on" or urgent case)

Date _____ Time _____

 Drug Orders on Admission (if possible please attach drug chart or detail below): _____

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Medical Practitioner's Signature Date

OBSTETRIC ADMISSIONS ONLY

Parity: _____ EDC: ____/____/____ Blood Group: _____ Rh: _____ Hb: _____

Anti-D & agglut screen: _____ Rubella HIA titre: _____ HBs Ag: _____

REQUEST FOR ADMISSION

MR053N

Unit Record Number [] [] [] [] [] [] [] [] [] []

Family Name _____

Given Names _____

Date of Birth [] [] [] [] [] [] [] [] [] [] Age []

Sex [] Room No. [] [] []

OR USE LABEL

CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

DOCTOR TO COMPLETE WITH PATIENT

PART A: PROVISION OF INFORMATION TO PATIENT (To be completed by Medical Practitioner)

I, Doctor [] have discussed with []

(insert name of patient / parent / guardian)

the nature of his / her present condition, the various ways of treating the patient's present condition and have explained the nature, purpose, likely results and the material risks of the following recommended procedure / treatment(s)

Provisional Diagnosis

[]

The agreed operation / procedure / treatment is:

[]

(insert procedure / treatment – DO NOT use abbreviations)

MBS Item Number(s): []

Left Side Right Side Not applicable

Special Instructions: _____

[]

Medical Practitioner Name

[]

Medical Practitioner Signature

Date [] / [] / []

Interpreter required? Yes No

I, []

(Name of interpreter)

have given an accurate verbal translation of this form to consent to the treatment in the language that the patient understands,

which is: []

[]

Interpreters Signature

Date [] / [] / []

PART B: PATIENT CONSENT (To be completed by Patient) Patient or substitute decision maker if patient lacks capacity

The doctor whose name appears in Part A above and I have discussed my/patient's present condition and the various alternative ways in which it might be treated, including the above procedure or treatment. The doctor has told me that:

- The procedure/treatment carries some risks and that complications may occur and has provided details of those potential risks and complications;
- The administration of an anaesthetic, medicines and/or blood transfusions may be needed in association with this admission/procedure treatment(s) and that these carry risks;
- Additional procedures or treatments may be required in an emergency or if something unexpected is found requiring immediate management, and I agree to these additional procedures/treatments being carried out in these circumstances provided that they are related to the primary procedure set out in Part A;
- The procedure/treatment may not give the expected result even though the procedure/treatment is carried out with all due professional care.

I acknowledge that:

- I have been given the opportunity to ask questions of the doctor whose name appears in Part A and I understand the explanation that the doctor gave me as to the need, benefits, risks and complications related to this procedure/treatment(s).
- I have been advised of the material risks associated with this procedure/treatment(s) and the risks and benefits of any alternative treatments / procedures, including having no treatment.
- I have had an opportunity to ask questions and these have been answered in a way I understand by the doctor above. I am satisfied with the answers and the explanations to my questions.
- I understand that I have privately engaged my doctor and that my doctor is not an employee of the hospital
- I understand that I may withdraw my consent at any time before the procedure/treatment(s).
- I acknowledge that the procedure/treatment may involve the removal of some body tissue which may be required for the diagnosis and management of my / patients condition. I understand the tissue being removed is for the purposes of diagnosis or management of my / patients condition. I understand that consent only extends to tissue, which is removed for the purposes of the above procedure recorded in Part A.
- If a staff member is exposed to my blood or other bodily fluids, I consent to a sample of blood being collected and tested for infectious diseases. I understand that I will be informed if the sample is tested, and that I will be given the results of the tests.

I request, understand and consent to the procedure and/or treatment as described and outlined above in Part A.

I also consent to anaesthetics and medicines that are to be given as part of the procedure / treatment outlines in Part A. I have received and understand information given to me about blood and blood products which may be needed by me to preserve my life or health in the course of the procedure / treatment.

◆ Do you consent to a blood transfusion if needed? Yes No

[]

Signature of Patient / Parent / Guardian

[] / [] / []

Date

[]

Print name of Patient / Parent / Guardian

CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT MR053N