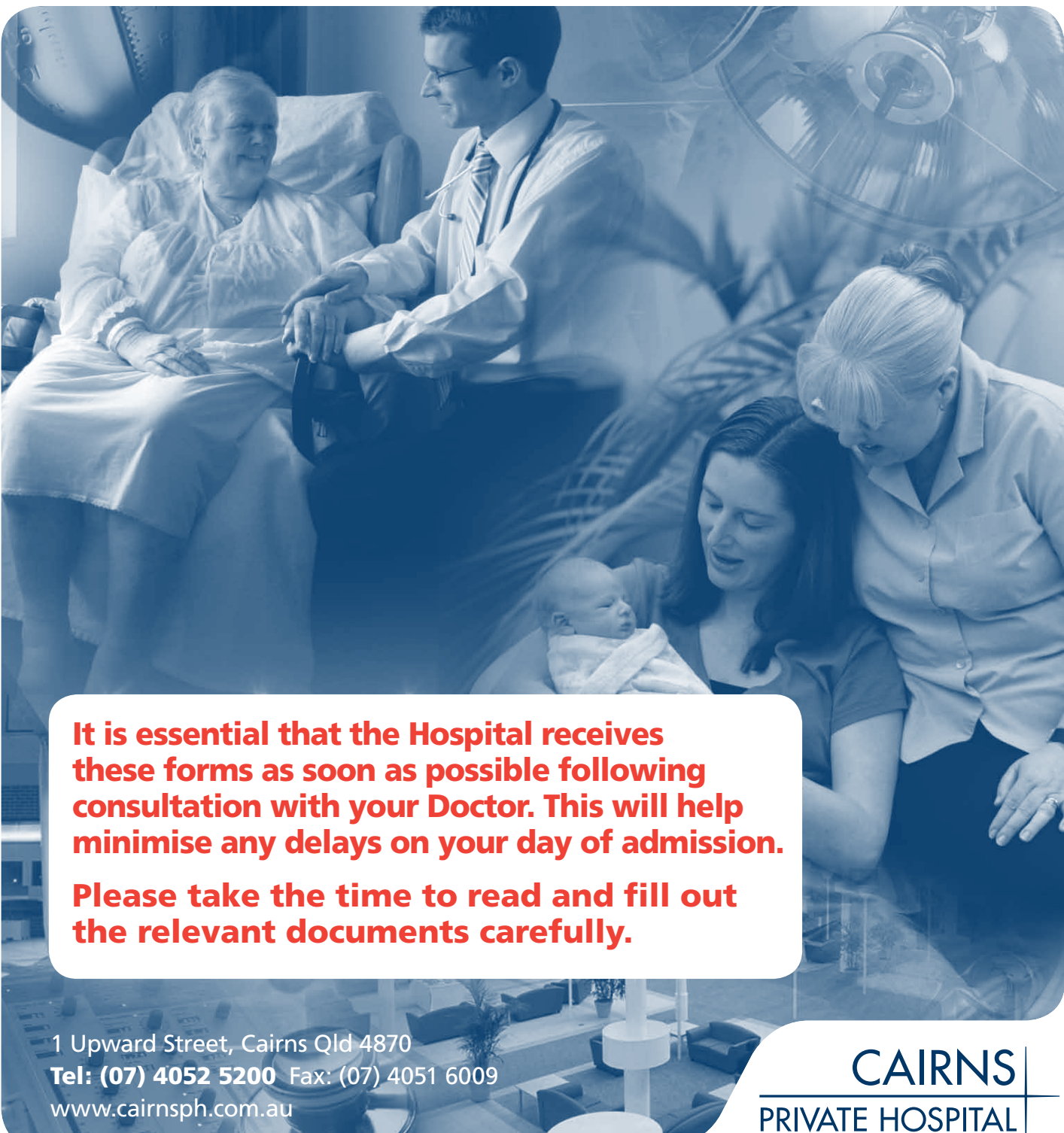


Patient Admission Forms



It is essential that the Hospital receives these forms as soon as possible following consultation with your Doctor. This will help minimise any delays on your day of admission.

Please take the time to read and fill out the relevant documents carefully.

How to find us

CAIRNS PRIVATE HOSPITAL is located at:

**1 Upward Street,
Cairns, Queensland 4870
Tel: (07) 4052 5200**



Patient Information

Thank you for choosing Cairns Private Hospital. We hope 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 complete ALL the questions on the Pre-Admission and Patient History forms.
- Your doctor completes the Doctor Referral and Consent forms. Ensure you sign and date the consent form in the presence of a witness.
- Forward the completed booklet to the Hospital in one of the following ways:

In person to Reception:
(Preferred option)

Open 6.30 am – 9.00 pm Mon – Fri

Open 8.00 am – 4.30 pm Sat

Open 9.00 am – 4.00 pm Sun

Please remember to mail or bring your paperwork into the hospital no less than 7 days prior to your hospital admission.

Post: PO Box 919
Cairns Qld 4870

For all overnight admissions - you will be required to attend a Pre-admission Clinic appointment at which you will have an interview with our pre-admission nurse/doctor or both.

Bookings are Essential

Please call: 40525128 between 8.00 am and 4.00 pm (Monday to Friday only).

Appointments can take up to 1 hour depending on your procedure.

Please ensure you bring the following documentation when you bring your forms to the hospital or on the day of admission:

- Health Fund card
- Medicare card
- Pharmaceutical benefits / SafetyNet card
- Pension/Healthcare card
- Veterans' Affairs card

If your account is subject to a Workcover or Third Party claim, you must provide the details of the

claim including an approval letter prior to your hospital admission.

Admission Procedure

Where necessary, the planning of your discharge is commenced at the time of your admission and the following services may be planned and arranged: Respite care, Rehabilitation, Community Nursing, Home Care and Support Services.

ON THE DAY OF ADMISSION:

Bring any current X-rays and your medications in their original packaging.

DO NOT:-

- Bring cigarettes or chewing gum
- Wear jewellery (wedding ring & watch are permitted)
- Wear make-up or nail polish (polish must be removed from acrylic nails).
- Bring excess luggage.
- Bring valuables—Cairns Private Hospital does not accept liability for any items brought into the hospital.

Visiting Hours

General Wards - 11.00 am – 8.00 pm

Maternity Ward - 11.00 am – 1.00 pm

and - 4.00 pm – 8.00 pm

ICU/CCU Wards:

Visiting hours are restricted and limited to immediate family only. Visitors with children should check with the Nurse in charge.

Discharge Information

Discharge time is 10.00 am sharp

Excluding day procedure patients who will be informed of their approximate discharge time on admission.

You should arrange for someone to escort you home. You must not drive a car until the day after your procedure or anaesthetic and we advise you to follow your doctor's instructions.

Before you leave the hospital, make sure that you, your relatives and friends know how to care for you at home. Check with your Nurse or Doctor about continuing medication, follow-up appointments etc.

Please do not forget to collect any X-rays or medications that belong to you.

Account Fees

If you are a member of a Health Fund, on receipt of your paperwork, our office will conduct a health fund check. However it is also very important that you contact your health fund prior to your admission to check the following:

- Your level of health cover adequately covers the cost of the accommodation, procedure, and prostheses if required.
- Maternity patients should check that your newborn is covered if admitted to Special Care.
- If an excess and or co-payment is payable for your admission.

If you have been a member of your health fund for less than twelve months, your fund may not accept liability for the costs of your admission, eg in the case of pre-existing conditions prior to your joining. Your health fund has the option to obtain details from your GP or specialist. This may take time and may not be completed by the time of your admission.

Fee For Incidentals, pharmacy, pathology and X-ray will attract an additional charge. Please note that medical and allied practitioners, surgical assists & prostheses may be billed separately by the practitioner.

A phone card must be purchased at Reception for STD and mobile phone calls.

Payment Procedure

- Private patients – a claim will be made directly to your health fund. Any excess or co-payment must be paid on admission.
- On the completion of the Health Fund check with your insurance company and, if it is found that you have not served your 12 months waiting period you will be required to pay all costs associated with your procedure prior to admission – please advise your health fund of your upcoming admission to hospital.
- Veterans' Affairs patients – the hospital will lodge a claim on your behalf. If a private room is requested, a fee will apply and be payable on discharge.
- Workcover / Third Party patients – total payment must be made on admission unless written approval for admission has been received from the insurer.

Uninsured patients – total estimate payment must be paid 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 the hospital.

Payment may be made by Bank cheque, credit card or EFTPOS.

Our objective is to ensure that your admission runs smoothly and that everything is ready and organised for you when you arrive at reception on the day of your admission. In order to achieve this we would like you to let us know as soon as you know that you are coming into hospital.

You can do this by:

Visiting us online at www.cairnsph.com.au and completing the online admission form.

This takes about 10 minutes and you will receive an email confirmation that we have received your information.

If you have any questions about the admission procedures, completion of forms, costs or health insurance status, our Pre-Admission staff will be happy to assist you.

Phone: (07) 4052 5200

Cairns Private Hospital

DOCTOR REFERRAL FORM

To be completed by Doctor. Please PRINT clearly.

Please admit

Mr, Mrs, Miss, Master: Date of Admission: / /
Surname Given Names

Address:

Telephone: Date of Birth: / / Sex:

Home Business/Mobile

GP Name:

Clinical Details

Presenting symptoms:

Principal diagnosis, i.e. the condition which best accounts for the patients admission to hospital:

Other conditions present:

Medications:

ALLERGIES

VTE LEVEL OF RISK: HIGH LOW

Operation Expected Length of Stay: Day Only or Overnight No. of Nights

HDU/CCU Post Op? Yes or No

Type of Anaesthetic: Local General Epidural Sedation Block

Proposed operation / treatment:

Date of Operation: / / Item Numbers:

Specific pre-operative instructions (including tests required):

Prostheses

Device Description	Reference No.	Full Charge	Health Fund Benefit	Does patient have amount to pay?	Amount
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	

Obstetric Details

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

Anti-D Screen: Rubella HIA titre: HBs Ag:

Referring Doctor's Details

Name: Signature:

Patient Details

DOCTOR REFERRAL FORM

MRS5

Detach Along Perforation

Pre Admission Information

Now that your surgeon has booked your operation at Cairns Private Hospital you are required to attend our Pre-Admission Clinic.

IT IS ESSENTIAL THAT YOU ANSWER THE QUESTIONS LISTED BELOW PRIOR TO YOUR PRE-ADMISSION CLINIC APPOINTMENT:

Yes	No
------------	-----------

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | My expected length of stay in hospital is one or more nights. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am having Joint surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | I am having Thyroid surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | I am having Prostate surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | Currently I am taking blood thinning agents |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a long medical/surgical history |
| <input type="checkbox"/> | <input type="checkbox"/> | I am Insulin dependant diabetic |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a Cardiac history |
| <input type="checkbox"/> | <input type="checkbox"/> | I am the Sole Carer of a dependant |
| <input type="checkbox"/> | <input type="checkbox"/> | I have concerns/questions regarding my hospital stay/recovery that I would like to discuss |

If you have answered YES to any of the above questions YOU MUST contact the Pre- Admission Clinic Co-ordinator to make an appointment to attend our Pre-Admission Clinic on 4052 5128.

BOOKINGS ARE ABSOLUTLEY NECESSARY

(Where possible please call between 0800- 1600 Monday-Friday)

Please allow up to 60 minutes for your interview as time may vary according to your procedure.

What is a Pre-Admission Clinic?

The Cairns Private Hospital Pre-Admission Clinic is made up of a team of our registered nurses and hospital doctors. This service will cost you nothing and is designed to provide individual assessment and education in relation to your planned surgery, in a relaxed and private atmosphere.

What topics will be discussed?

- General care before and after surgery
- Specific do's and don'ts before and after your surgery
- Expected recovery time while in Hospital and when you go home
- Discharge and follow up care

What else can I expect at my visits?

During your visit our experienced nurses and doctors will:

- Take a general assessment of your health
- Complete your documentation for admission
- Organise or finalise any tests you may require prior to your admission
- Discuss any questions you may have

What do I need to bring?

Please bring completed admission paperwork. You should have received these when you visited your surgeon. A family member or friend is welcome to attend the Pre-Admission Clinic with you. Please bring all your current medications to this appointment.

It is also essential that you bring your Medicare card, Pension/Healthcare card and or Veteran's Affairs card.

If I've been in hospital before, do I still need to attend? Yes you do!

Experiences in hospital will differ depending on your type of surgery. Some procedures require Pre-Admission investigations such as blood tests or x-rays. Recovery time following surgery will vary and some procedures require restrictions which need to be discussed.

Cairns Private Hospital

HOSPITAL ADMISSION FORM

To be completed by the Patient

Please print clearly and ensure
ALL questions are completed.

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: Doctor:

Patient Details

OFFICE USE ONLY

Admitting Doctor: Date of Admission: / / Time:

Date of Operation: / / Due Date (Maternity): / /

PREVIOUS HOSPITALISATIONS

Have you previously been treated at this Hospital? No Yes Year: Under what name:

If this admission is for a child – Was the child born at this Hospital? No Yes Mothers Name:

PERSONAL DETAILS

Title: Surname: Previous surname (if applicable):

Given Names: Residential Address:

Suburb: State: Postcode: Postal Address:

Overseas/Interstate patients – Local address:

Email Address:

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

Sex: Date of Birth: / / Age: Occupation:

Marital Status: Single Married De facto Separated Divorced Widowed

Are you an Australian resident? Yes No Country of birth: If Australia, specify state:

Are you of Aboriginal or Torres Strait Islander decent? No Yes, Aboriginal Yes, TSI Yes, both Aboriginal & TSI

Religion: Would you like a religious visit? Yes No

ENTITLEMENTS

Medicare Care Number: Reference No. Expiry Date:

Pension / Health Care Card Number: Expiry Date: Safety Net Number:

Veteran Affairs Number: Card Colour: White Gold Visit by Veteran Community Yes No

PERSON TO CONTACT (NEXT OF KIN)

Name: Relationship to patient:

Address: State: Postcode:

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

SECOND CONTACT PERSON

Name: Relationship to patient:

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

GP / LOCAL DOCTOR

Full Name of GP: GP Address:

GP Telephone:

PREFERRED ACCOMODATION - Overnight and Maternity Patients – Please indicate your preferred accommodation below.

Please check with your health cover if requesting a single room. Shared Room Single Room

Whilst every effort is made to accommodate your request, we cannot always guarantee availability on the day of admission. Private rooms are allocated according to patient clinical needs. Please note that Veterans Affairs, WorkCover and Third Party patients are covered for shared room accommodation only therefore a separate charge may apply for a single room.

Cairns Private Hospital

HOSPITAL ADMISSION FORM

To be completed by the Patient

Please print clearly and ensure ALL questions are completed.

UR No.:	Admission No.:	Patient Details
Surname:		
Given Names:		
Date of Birth:	Doctor:	

OFFICE USE ONLY

PERSON RESPONSIBLE FOR ACCOUNT

Is the patient responsible for the account? Yes (complete sections A ,B & D) No (completed section C)

Name: Relationship to patient:

Address: State: Postcode:

Email Address:

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

SECTION A: HOW WILL YOU CLAIM FOR THIS ADMISSION (please tick one box only)

Private Health Insurance - complete sections B and C **Veterans** - complete Entitlements (previous page & section D)

WorkCover / Third Party / TAC - complete sections C & D **Self Funded** - complete section D only

Department of Defence - complete section A **Service:** **Service Number:**

SECTION B: Private Health Insurance

Fund Name: Membership No.: Date Joined: / /

Type of Cover: Single Family Has this membership changed in the last 12 months? No Yes

Do you have an excess? No Yes Amount: \$ Have you paid an excess this year? No Yes \$

SECTION C: WorkCover or Third Party

Type of Claim: WorkCover Third Party o TAC

Claim Number: Case Manager:

WorkCover Patients Only – Name of Employer:

Employers Address: Postcode:

Telephone: Date of Accident: / /

Have you completed a WorkCover claim form? Yes No

Has your employer completed a Report of Injury Form? Yes No

SECTION D: Payment of Account

I agree to sign a patient Estimate of Expenses form on admission. I understand and agree to pay all fees relating to my hospital visit (prior to or on admission) including where my health fund or insurance claim is declined for any reason.

Signature of person responsible for the account: **Date:** / /

CREDIT CARD PAYMENT – We accept credit card payment in order to assist in the processing of any additional expenses incurred during your stay.

NB: We will not charge your credit card until costs are known. If expenses incurred during your hospital stay exceed \$100.00 we will contact you.

I (Please print your name) hereby give authorisation for Cairns Private Hospital to charge my credit card for any additional expenses incurred during my hospital stay up to the value of \$100.00.

Please debit my Visa Mastercard Bankcard American Express Card Number:

Expiry Date / / Cardholders Signature:

- What other costs may be incurred during your stay?**
- Prostheses subject to a gap payment used in my procedure
 - Discharge medication or medication not associated with my admission if application
 - Fee for Incidentals such as Wifi, Austar
 - Telephone cards, newspapers and boarder fees
 - Additional health fund co-payments (if your hospital stay is extended)

Patient Name: **URN:**

Question	No	Yes	Details
Do you have, or have you had:			
10. A heart attack?			When:
11. Palpitations?			
12. Artificial heart valves, pacemakers, etc?			
13. Any other heart problems? (eg Rheumatic fever)			
14. Chest pain on exertion or angina?			How often?
15. Heartburn or reflux?			How often?
16. Does acid reflux into your mouth?			How often?
17. Do you have a hiatus hernia?			
18. Diabetes?			<input type="checkbox"/> Insulin dependant <input type="checkbox"/> Non insulin dependant <input type="checkbox"/> Diet control What are you usual blood sugars?
19. High blood pressure?			When? For how long?
20. Frequent headaches or migraine?			
21. Blackouts or giddy spells?			How often?
22. Epilepsy of fits?			When was your last episode?
23. Stroke?			When was the last one?
24. Bleeding or bruising problems?			
25. Blood clots? (vein thrombosis/pulmonary embolus)			
26. Kidney problems?			
27. Jaundice or other liver condition?			
28. A stomach ulcer or surgery on your stomach or oesophagus?			
29. Glaucoma?			What treatment does it need now?
30. Rheumatoid arthritis?			Where?
31. Artificial joints / limbs or other implants?			
32. Sleep apnoea?			What do you do about it?
33. Asthma or wheeziness?			How often do you use you puffer?
34. Breathlessness on mild exertion?			
35. An admission to hospital for breathing problems?			
36. Emphysema or frequent episodes of coughing or bronchitis?			
37. Are you (could you be) pregnant?			If so how many weeks?
38. Previous blood transfusion?			When and where?
39. HIV or Hepatitis B / C?			
40. Tuberculosis now or in the past			When?
41. Have you or a family member ever had any problems with anaesthetics?			What are they?
42. Are you worried about having an anaesthetic?			What concerns you?
43. Have you had an anaesthetic before?			If yes, when was the last one?
44. have you had a spinal or epidural anaesthetic before?			
45. Do you have any broken, loose, chipped or Wobbly teeth?			
46. Do you have any caps, crowns, dentures or Plates?			
47. Do you have any difficulty opening your mouth wide or limited neck movement?			

Patient / Parent or Guardian Signature: **Date:**

Reviewed by Admitting Nurse: **Date:**

Cairns Private Hospital

PRIVACY POLICY

To be completed by the Patient

UR No.:	Admission No.:	Patient Details	
Surname:	OFFICE USE ONLY		
Given Names:			
Date of Birth:	Doctor:		

Ramsay Health Care will collect your personal information for the purposes 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 when 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.

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 Chaplin;
- 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

.....
Printed Name

.....
Date

VALUABLES DISCLAIMER

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth:

Doctor:

Patient Details

OFFICE USE ONLY

At Cairns Private Hospital we **strongly recommend** that patients keep **no valuables , no jewellery, no credit cards, or cash in excess of \$50.00** with them during their hospital stay.

We recommend patients keep **no items of personal value** with them during their hospital stay.

We strongly encourage patients to send all items of value home with family, friends or carers for safekeeping.

In extenuating circumstances items of value can be placed in security trust with the hospital; that is in the hospital safe.

I understand that Cairns Private Hospital does not take responsibility for items of value that I keep with me during my hospitalization. I acknowledge Cairns Private Hospital's strong recommendation that I do not bring nor keep valuables with me during my hospitalisation.

Patient/ Parent or

Guardian Signature: Date:



Cairns Private Hospital

1 Upward Street

Cairns QLD 4870

ph: 07 4052 5200 – fax: 07 4051 6009

www.cairnsprivatehospital.com.au