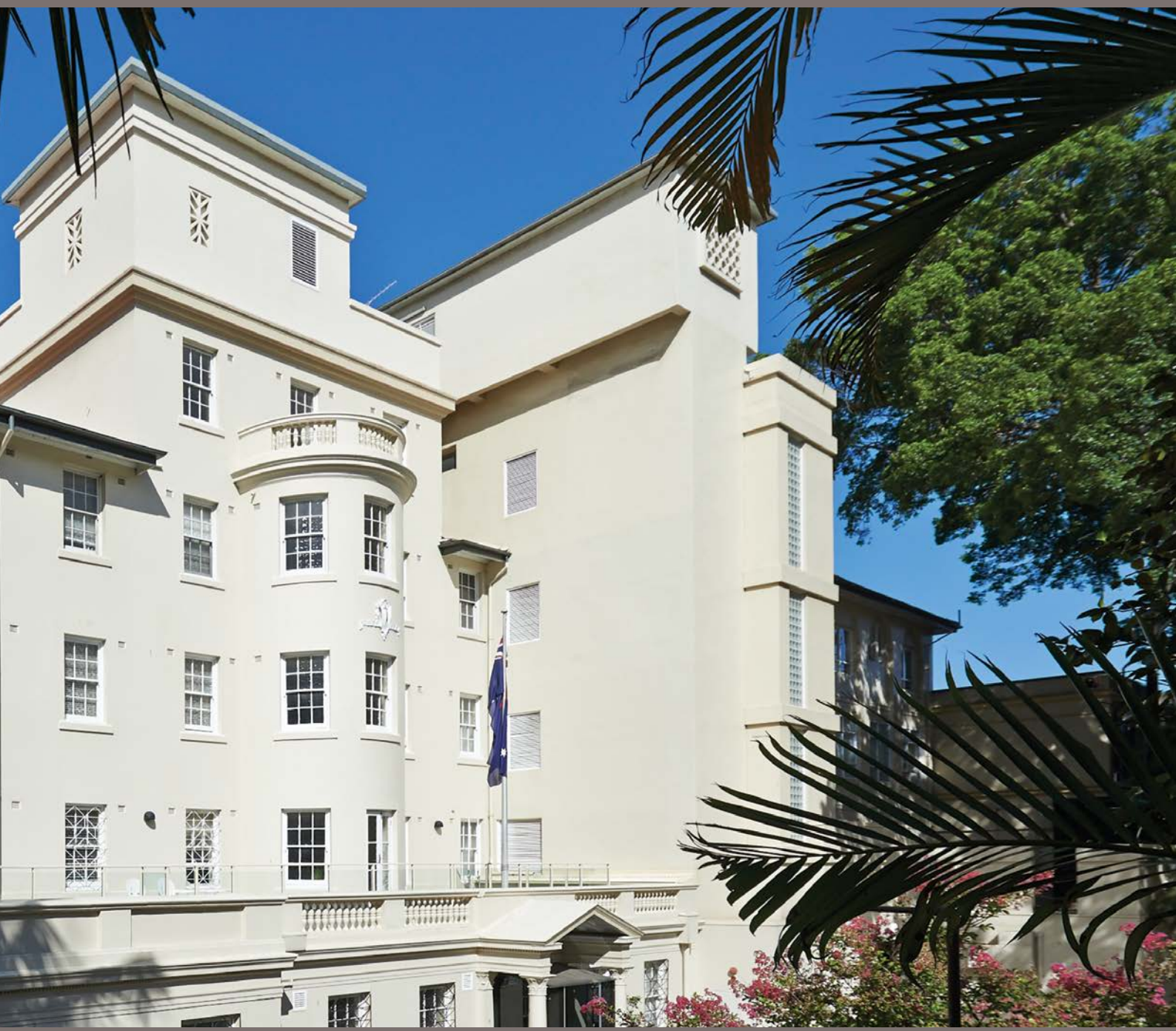
ST LUKE'S

PRIVATE HOSPITAL



Pre-admission Information and Form

Our commitment to care

With an unwavering commitment to the health and wellbeing of the community, St Luke's Care is a non-denominational, not-for-profit organisation that has delivered excellence in health and aged care since 1919.

Driven by quality and a genuine concern for the wellbeing of our patients, residents and clients, we provide *quality care with a personal touch*. St Luke's practices the model of person-centred care, which, when possible, prioritises the individual and their wishes before anything else. We acknowledge the whole person and their individual identity, not just their physical care alone.

The St Luke's difference comes from our staff who are renowned for their professional care, warmth, enthusiasm and patience. Whether you are receiving care from our Private Hospital, St Luke's Clinic, Home Care team or Lulworth House - our residential Aged Care facility - our staff are the core of our model of care.

BOOKING YOUR ADMISSION

STEP ONE

Complete the following forms

- ☐ Pre-Admission Form
- ☐ Consent For Medical And/Or Surgical Treatment
- ☐ Patient Details
- ☐ Patient History Form

STEP TWO

Once all forms are completed, please return all forms via one of the following:

- The enclosed reply paid envelope
- Scan to **bookings@slc.org.au**
- Fax to **(02) 9356 0431**
- Or if your admission is within a week, please phone the admissions office on **(02) 9356 0200**

STEP THREE

Keep information booklet for your reference

Thank you

for choosing St Luke's Private Hospital

PREPARING FOR YOUR STAY

ONSITE ACCOMMODATION FOR FAMILY, CARERS OR FRIENDS

Should your admission require an early start, or you have family or friends you would like close by during your hospital stay, St Luke's Private Hospital offers overnight accommodation in our Nightingale Apartments for patients, family, carers or friends.

Conveniently located on the St Luke's hospital site and reasonably priced at $130.00 per night, these comfortable rooms are complete with a kitchenette and private bathroom. Please note, these rooms do not attract any health fund rebates or medical assistance and need to be booked prior to hospital admission.

Discounted overnight parking is available a few minutes' walk from the hospital at Wilson Parking.

To enquire about a stay please call **(02) 9356 0200**.

ORGANISING YOUR ADMISSION TIME

To be allocated an arrival time, please telephone the hospital on **(02) 9356 0200** after 2.00pm on the business day prior to your procedure.

WHAT TO BRING

- ☐ Any health fund or entitlement cards, e.g. Medicare, Safety Net, Veterans' Affairs. If proof of entitlements are not presented, full costs will be charged
- ☐ Any paperwork not already forwarded to the hospital
- ☐ Relevant x-rays, scans or films
- ☐ Pathology/blood test results related to this admission
- ☐ Current medications in their original containers and prescriptions, including repeat forms
- ☐ Payment for estimated gap between fund benefits and hospital fees, or total estimated costs of hospitalisation if you do not have private health insurance
- ☐ Reading material and/or activity books
- ☐ Any aids such as walking stick and hearing aids
- ☐ For a child – favourite toy, formula, bottle and any special dietary needs (if applicable)

	We recommended that you bring:	It is recommended that you do **not** bring:
Day Surgery Patients	• Comfortable clothes to be able to change into after your procedure	• Any valuables, including jewellery or large sums of money (unless settling your account in cash on admission)
Overnight Patients	• Comfortable day clothes • Sleepwear, dressing gown and slippers • Personal toiletries • Small amount of change for minor purchases at the kiosk	• Valuables, including jewellery or large sums of money (unless settling your account in cash on admission) • Unnecessary items and clothing, or large luggage

Rehabilitation Patients

You are encouraged to dress in comfortable clothes during the day. Please bring at least one week's supply of washable, loose-fitting clothes. The following are suggestions only:

- Tracksuits
- Shirts/blouses
- Underwear
- Socks
- Enclosed slippers with a non-slip sole
- Cardigan
- Comfortable walking shoes
- Pyjamas/night gowns
- Swimming suit/shorts
- Enclosed shoes with a non-slip sole

If applicable, please also bring your:

- Dentures
- Hearing aid with batteries
- Glasses
- Walker/frame/stick
- Razor
- Cosmetics and toiletries
- CPAP machine

MEDICATIONS

Working together with your health care team can help to ensure safe use of your medicines by:

- Sharing all medication-related information with your doctor, nurse or other health professional
- Advising your doctor, nurse or other health professional of any previous allergies or medication reactions you have had
- Bringing all of your current medications to hospital, and your current medication list (if you have one)

This will help us understand your individual situation. We can make sure you do not miss any medication you need, and assist you to obtain the full benefits from your existing medicines.

Current Medications

It is important to discuss your regular medications (including non-prescription medications) with your specialists prior to surgery preparations as some medications may cause risk during surgery.

If medications are approved for consumption in the lead up to your surgery, take your regular morning medication at 6.00am with a sip of water. If your procedure is in the afternoon, take any lunchtime medication at 11.00am with a sip of water.

Exceptions to this are:

Aspirin and anti-inflammatory medications	All patients should cease taking these medicines ten (10) days prior to your procedure unless you are taking it for your heart or for stroke prevention. If you are taking aspirin, clopidogrel (Plavix or Isocover), warfarin or anti-coagulants for a heart condition or stroke prevention, you should seek specific instructions from your surgeon and cardiologist as to when or if these medications should be ceased.
Patients with coronary artery stents, any vascular stent or cardiac implant should discuss with their cardiologist or surgeon before ceasing the drugs listed above	
Herbal medications (complementary/alternative)	Please seek specific instructions from your doctor as to when or if these medications should be ceased.

THE DAY OF YOUR PROCEDURE

Your surgeon will let you know if you are required to prepare in any way for your procedure.
If you are unsure of surgery preparations, please contact your specialist.

FASTING

Fasting times vary depending on the type of anaesthetic you require for surgery. You will be advised when to commence fasting by your anaesthetist or hospital staff prior to admission.

Generally, you should not eat or drink for at least six (6) hours prior to your procedure, unless you have been told otherwise.

If fasting instructions are not followed, your procedure may need to be delayed or postponed to a later date.

PREPARING FOR YOUR PROCEDURE

- Please shower and wash your hair just prior to leaving for hospital, and put on clean comfortable clothes
- Do not apply any powder, creams, lotions or makeup

YOUR ARRIVAL

All patients are admitted via the hospital's main reception desk. If driving, please proceed down the driveway of 18 Roslyn Street. This is a drop-off area only, with limited one hour parking on-site.

The hospital will endeavour to minimise your waiting time where possible. Please understand if unforeseen events arise with other patients undergoing procedures, or further pre-operative tests or reviews are requested by your doctors in the interest of your care.

ST LUKE'S
PRIVATE HOSPITAL

PRE-ADMISSION FORM

Attach patient identification label (Hospital Use Only)

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

DOCTOR TO COMPLETE

To be completed by Doctor. Please PRINT clearly.

PLEASE ADMIT

Title: Name: Surname:

Date of Birth: / / Gender: ☐ Male ☐ Female

Address:

Telephone (Wk/Day): (Home): (Mobile):

OPERATION AND CLINICAL DETAILS

Date of admission: / /

Allergies:

Additional medical conditions:

Proposed operation/procedure/treatment:

Date of operation: / / Estimated time in operating theatre:

Item numbers:

Expected length of stay: ☐ Day Only ☐ Overnight or longer Number of days:

Patient for Rehabilitation post operatively? ☐ Yes ☐ No

If yes, at St Luke's? ☐ Yes ☐ No (please specify location):

SPECIFIC ORDERS ON ADMISSION

Blood group and hold: ☐ to be attended on admission ☐ I have already arranged with:

Blood cross match: ☐ to be attended on admission ☐ I have already arranged with:

Thromboembolism prophylactic measures to be initiated on admission: ☐ Yes ☐ No

Details:

Other instructions/investigations on admission (e.g. medications, pathology, x-rays, ECG etc.):

Please note that ordering equipment is the responsibility of the surgeon

Specific surgical equipment requirements (e.g. loan sets, prostheses, implants):

Name of company equipment ordered from:

Gap prostheses or non-rebatable item to be used: ☐ Yes ☐ No

If yes, I confirm the patient has been informed of the cost and reason for the choice of this item: ☐ Yes ☐ No

PRE-ADMISSION FORM

MR1

LC4913 SLC 270516

DOCTOR AND PATIENT TO COMPLETE

PRE-ADMISSION FORM

MR2

ST LUKE'S
PRIVATE HOSPITAL

CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

Attach patient identification label (Hospital Use Only)

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

PART A: DOCTOR TO COMPLETE. Please print clearly and do not use abbreviations.

I, Dr (please print)

have discussed with the Patient/Parent/Guardian/Person Responsible

Given Names: Surname:

Date of Birth: / /

- The benefits of the proposed operation/procedure/treatment
- The common and serious risks of the proposed operation/procedure/treatment
- Additional procedures or treatments that may be needed if something unexpected is found or occurs
- Alternative treatments available and their associated risks

The proposed operation/procedure/treatment is:

Treating Medical Practitioner's signature: Date: / /

PART B: PATIENT CONSENT (to be completed by patient)

I,

Consent to the above operation/procedure/treatment to be performed on me/upon my child/dependant

(Patient's name if not self):

- I am satisfied with and understand the information I have received
- I understand that an anaesthetic and medicines may be administered, and these do have risks
- I have been advised of the risks and complications that may occur with this operation/procedure/treatment including those risks and complications that are specific to me
- I consent to information regarding my condition being shared with other health professionals involved in my care e.g. shared medical practitioners, allied health professionals, community services and my General Practitioner
- I understand that I may withdraw my consent at any time prior to the operation/procedure/treatment
- I consent to any recording, photographs, or filming of care for the purposes of my clinical management
- I understand that tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital
- I ☐ consent / ☐ do not consent to the administration of blood transfusion/blood products if needed

Signature of Patient/Parent/Guardian/Person responsible:

Date: / /

Signature of witness to Patient/Parent/Guardian/Person responsible:

Name of witness to Patient/Parent/Guardian/Person responsible:

Interpreter present: ☐ Yes ☐ No Signature of Interpreter:

Name of Interpreter:

ST LUKE'S
PRIVATE HOSPITAL

PATIENT DETAILS FORM

Attach patient identification label (Hospital Use Only)

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

PATIENT TO COMPLETE

To be completed by patient. Please PRINT clearly.

Your responses are valuable in planning your admission and caring for you during your stay.

ADMISSION DETAILS

Admitting Doctor:

Date of Admission: / / Date of Operation: / /

Admission Type: ☐ Overnight ☐ Day Patient ☐ Rehabilitation

PERSONAL DETAILS

Title: Given Names:

Surname: Previous Surname (if applicable):

Residential Address:

Postal Address:

Telephone (Wk/Day): (Home): (Mobile):

Email:

Gender: ☐ Male ☐ Female Date of Birth: / / Age:

Marital status: ☐ Single ☐ Married ☐ De-facto ☐ Divorced ☐ Separated ☐ Widowed

Country of birth: Are you an Australian resident? ☐ Yes ☐ No

Language spoken at home: Religion:

Are you of Aboriginal or Torres Strait Islander descent? ☐ Yes ☐ No

St Luke's Hospital Foundation Member? ☐ Yes ☐ No

PERSON TO CONTACT (NEXT OF KIN)

Name: Relationship to Patient:

Address:

Telephone (Wk/Day): (Home): (Mobile):

Second Contact / Power of Attorney: Telephone:

DETAILS OF GP

Name:

Address:

Telephone: Fax: Email:

PREVIOUS HOSPITALISATION

Have you been previously treated at this hospital? ☐ Yes ☐ No Year:

Have you been hospitalised for more than 48 hours within the past 3 months: ☐ Yes ☐ No

Dates: From / / To / / Name of hospital:

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PATIENT TO COMPLETE

ST LUKE'S
PRIVATE HOSPITAL

PATIENT DETAILS FORM

PERSON RESPONSIBLE FOR ACCOUNT

☐ Self ☐ Next of Kin ☐ Workers Compensation ☐ DVA ☐ Third Party ☐ Other: _____

Title: Surname: Given Names:

Address:

Telephone (Wk/Day): (Home): (Mobile):

By signing below I declare that I am the person responsible for this account and acknowledge that I have read, understood and agreed to the financial information as outlined in the Pre-Admission Information.

Name: Signature: Date:

MEDICARE DETAILS

Medicare No: | | | | | | | | | | | Medicare Reference Number: Expiry Date: /

CONCESSIONAL BENEFITS

Do you hold any of the following cards:

☐ Health Care Card ☐ Pension Card ☐ Pharmaceutical Benefits Card

Name of Pension/Benefit: Benefit Card No:

Have you reached the Safety Net for Pharmaceuticals? ☐ Yes ☐ No Safety Net No: _____

HEALTH INSURANCE DETAILS

Insurance Type: ☐ Private Health Fund ☐ Workers Compensation ☐ Third Party ☐ DVA ☐ Self Funded

Name of Health Fund: Type of Cover:

Membership No: Do you have an excess? ☐ Yes ☐ No

Has this cover changed in the last 12 months? ☐ Yes ☐ No

Workers Comp Fund Name:

Address:

Claim Number: Date of Accident: / /

Employer Name: Telephone:

HR Manager: Fax Number:

Third Party Name: Details: Policy Number:

Serving Member of: DVA No.: DVA Card Colour:

Details of cover (white card only):

PATIENT RESPONSIBILITY

By ticking the following boxes I acknowledge that I have read and understood the information contained within the following sections of the Pre-Admission Booklet:

☐ Pre-Admission Information ☐ Responsibilty of Personal Items ☐ Privacy Information

Name: Signature: Date:

PATIENT DETAILS FORM

MR3

ST LUKE'S
PRIVATE HOSPITAL

PATIENT HISTORY FORM

Attach patient identification label (Hospital Use Only)

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

PATIENT TO COMPLETE

ADMISSION DETAILS

Please specify the reason for your admission:

	NO	YES	PLEASE SPECIFY
Have pathology (blood tests) been taken for this admission?			Pathology results with:
Have x-rays been taken for this admission?			☐ With Patient ☐ With Doctor

What is your: Height: cm Weight: kg Blood group (If known):

ALLERGIES	NO	YES	PLEASE SPECIFY
Do you have any allergies to medications, food, sticking plaster, latex/rubber or other substances?			Details and reaction:

MEDICATIONS (including herbal preparations and/or over the counter preparations)

Medications	Dosage	Frequency

RECENTLY CEASED OR CHANGED MEDICATIONS

Medications	Dosage	Frequency

Name of Community Pharmacist: Contact Phone Number:

GENERAL MEDICAL CONDITION

	NO	YES
Have you lost weight recently without trying?		
Have you been eating poorly because of a decreased appetite?		
Do you have a history of diabetes?		
Do you have a history of cancer? If yes, type:		
Do you have a history of stroke? If yes, year:		
Do you have a history of infectious diseases? e.g. HIV, Tuberculosis		
Have you ever had a multi resistant organism such as MRSA, VRE, ESBL?		
Have you had vomiting and/or diarrhoea in the last 48 hours?		
Do you have, or have you recently had, a fever with/without respiratory symptoms, e.g. cough, sore throat, runny nose?		
Have you travelled to a country in the past month with a current health alert?		
Do you have a history of high blood pressure?		
Do you have a history of heart attack/chest pain/angina?		
Do you have a history of palpitations/irregular heart beat/heart murmur?		
Do you have a history of rheumatic fever?		
Do you have a history of tendency to bleed/blood clots/bruise easily?		

LC4913 SLC 270516

PATIENT TO COMPLETE

PATIENT HISTORY FORM

MR4

ST LUKE'S
PRIVATE HOSPITAL

PATIENT HISTORY FORM

GENERAL MEDICAL CONDITION (continued)

	NO	YES
Do you have a history of arthritis?		
Do you have a history of asthma/bronchitis/pneumonia/hay fever?		
Do you have sleep apnoea?		
Do you use a CPAP machine?		
Do you have a history of liver disease/hepatitis? (Specify type A, B, C)		
Do you have a history of kidney/bladder problems?		
Do you have a history of hiatus hernia/gastrointestinal ulcers/bowel disorder?		
Do you have a history of thyroid problems?		
Do you have a history of epilepsy/seizures/febrile convulsions?		
Do you have a history of depression/dementia/other mental health disorder or illness?		
Do you have a history of migraines?		
Do you have a history of eye disease?		
Female patients, could you be pregnant?		
Do you have an impairment, e.g. vision, hearing, mobility?		

If yes to any of the above, please specify details:

ADVANCED CARE DIRECTIVE

Do you have an Advanced Care Directive or any treatment limiting orders? ☐ Yes ☐ No
If yes, please provide a copy on admission.

Contact name: Contact number:

PREVIOUS OPERATIONS/CHEMOTHERAPY/RADIOTHERAPY DETAILS

Please list dates and procedures performed:

Date: / /

Date: / /

Date: / /

Date: / /

Date: / /

Date: / /

	NO	YES	SPECIFY DETAILS
Have you or anyone in your immediate family ever had a reaction to an anaesthetic?			Details and reaction:
Have you ever had a blood transfusion?			If yes – what year? Did you have any adverse reactions? ☐ Yes ☐ No

PROSTHESIS AND IMPLANTS

	NO	YES	SPECIFY DETAILS
Hearing Aid or other Hearing Appliance			
Body Piercing			
Dentures/Caps/Crowns/Loose Teeth			
Artificial Joints or Limbs			
Metal Plates or Pins			
Pacemaker			Make: Model: Last checked:

ST LUKE'S
PRIVATE HOSPITAL

PATIENT HISTORY FORM

Attach patient identification label (Hospital Use Only)

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

PROSTHESIS AND IMPLANTS (continued)

	NO	YES	SPECIFY DETAILS
Glasses/Contact Lenses			
Prosthetic Heart Valve			
Other Implants e.g. Intraocular Lens			

LIFESTYLE

	NO	YES	SPECIFY DETAILS
Have you ever smoked?			Daily Amount: or Date Ceased /
Do you drink alcohol?			Amount: Frequency:
Do you use recreational drugs?			Amount: Frequency: Type:
Do you require a special diet?			Type of Diet:
Do you exercise?			☐ <30 mins/day ☐ 30 mins/day ☐ >30 mins/day Type: Frequency/wk:
Do you require an interpreter?			Language spoken at home:
Do you have someone to interpret for you?			Name of interpreter:

QUESTIONS RELATING TO CREUTZFELDT JAKOB DISEASE (CJD)

	NO	YES
Have you had surgery on the brain or spinal cord that may have included a dura mater graft prior to 1990?		
Have you had two or more first degree relatives who have been diagnosed with CJD or other Prion Disease, where a genetic cause has not been excluded?		
Have you received pituitary hormone treatment for infertility or human growth hormone for short stature prior to 1986?		
Have you suffered from a recent progressive dementia illness (physical or mental), the cause of which has not been identified?		
Have you been involved in a 'Look Back' study for CJD, or are you in possession of a 'Medical in Confidence Letter' regarding the risk of CJD?		

DISCHARGE PLANNING

	NO	YES	SPECIFY DETAILS
Are you over 80 years of age?			
Do you live alone?			
Do you have someone to care for you after discharge?			Name of person: Relationship:
Are you solely responsible for the care of another person at home?			
Do you currently receive community support services?			Details:
Do you have difficulty walking?			
Do you currently use any mobility aids?			Type:
Have you a fear of falling or have you fallen recently?			
Have you experienced dizziness in the last 12 months?			
Do you require assistance with any aspect of daily living?			
Do you have multiple health problems?			Details:
Where do you plan to go after discharge?			
How do you plan to get there?			

Name of person completing form:

Relationship: Date: / /

ST LUKE'S
PRIVATE HOSPITAL

PATIENT HISTORY FORM

NURSE'S USE ONLY

If 'yes' to any of the Creutzfeldt Jakob Disease (CJD) questions, please refer to the 'HICMR' manual and contact the Infection Control Manager.

If 'yes' to any 'Mobility and Daily Activities/Discharge Planning' questions, please refer to relevant policy and complete assessment tools, e.g. 'Pressure Injury Risk Assessment Tool', 'Falls Risk Assessment Tool'.

If 'yes' to the weight/appetite changes questions in 'General Medical Condition', please refer to Malnutrition Universal Screening Tool in Pressure Injury policies.

If 'yes' to recent respiratory illness, multi resistant organism or recent hospitalisation questions, please refer to 'HICMR' manual for appropriate course of action or contact the Infection Control Manager.

PATIENT HISTORY REVIEW

Patient history form reviewed by pre-admission staff: ☐ Yes ☐ No

Name of pre-admission nurse: Designation:

Signature: Date: / / Time:

Patient history form reviewed by admitting nurse: ☐ Yes ☐ No

Name of admitting nurse: Designation:

Signature: Date: / / Time:

CLINICAL/PRE-ADMISSION NOTES

YOUR STAY

DAY SURGERY PATIENTS

As a short stay patient you will be provided with a designated and secure locker for your belongings while undergoing your procedure.

If you have a general anaesthetic you will be required to stay in the Short Stay Unit for at least two (2) hours after your operation/procedure.

During this time refreshments will be provided.

As driving is not permitted for 24 hours after an anaesthetic, please ensure you have arranged for a friend or relative to drive you home. If need be, we can arrange a taxi for you.

OVERNIGHT AND REHABILITATION PATIENTS

Visiting Hours

Visitors are most welcome at St Luke's Private Hospital. Family and loved ones are encouraged to visit during visiting hours. Visiting hours are between 10.00am to 8.00pm.

Meals

Our delicious in-house menu is carefully selected by our professional chefs to meet your nutritional needs. Meals are ordered in advance from a menu and can be tailored to your clinical and special dietary requirements.

Overnight Patients

St Luke's Private Hospital patient rooms are mainly private rooms with ensuite facilities. For the comfort of our patients, all rooms are furnished with a TV, telephone, air conditioning and have Wi-Fi access.

Rehabilitation Patients

In our Rehabilitation Ward, we have both shared and single rooms. Rooms are provided on an availability basis. We will do our best to provide you with the accommodation you request, however, in a shared room, we find patients enjoy the opportunity to share experiences with others going through the Rehabilitation process.

Please note that some single rooms share a bathroom with another single room.

LEAVING THE HOSPITAL

Following discharge from St Luke's Private Hospital, you will require someone to drive or accompany you home. If you are a day-only patient, your escort can be admitted to the Short Stay Unit by pressing the buzzer in the Short Stay Lounge near reception.

For overnight patients, discharge is prior to 10.00am. We ask that you vacate your room by this time to allow us to prepare for the next patient.

For the first 24 hours after your anaesthetic it is important that you:

- Do not drive a car
- Do not drink alcohol
- Have a friend, family member or carer staying with you (unless approved by your doctor)
- Do not make complex or legal decisions

We advise that you should be in the company of a responsible adult for 24 hours after an anaesthetic.

After your operation you may be asked to follow detailed instructions upon your discharge. In most cases these instructions will be written down for you.

Please ensure that you are clear about any instructions (e.g. wound care or medication) prior to leaving hospital. If at any point you are unclear about what to do following discharge, please telephone your treating doctor, or the hospital on **(02) 9356 0200**.

FINANCIAL INFORMATION

YOUR HOSPITAL ACCOUNT

We strongly recommend you check the level of cover you hold with your health fund and your eligibility for benefits.

Should you require an estimate of the likely costs for your hospital stay please contact your doctor's office and ask for an estimate for length of stay and item numbers for planned procedure(s). Please note that this will be an estimate only.

Payment for your estimated hospital fees, gaps or excess is required on admission. Full fee paying patients will be required to pay 100% of the estimated fee on arrival to St Luke's Private Hospital. We accept all forms of payment except personal cheques.

Circumstances may also occur during your hospitalisation that will result in additional fee charges. A credit card pre-authorisation or cash deposit against additional expenses is also required on admission. Additional expenses incurred during admission must be settled at discharge. Upon being admitted to St Luke's Private Hospital, you agree to pay all fees relating to your hospital visit, including where your health fund or insurance claim is declined for any reason.

All other accounts (e.g. pharmacy, pathology and radiology) are payable directly to the individual providers who will invoice you separately.

YOUR DOCTORS' ACCOUNTS

Accounts from treating doctors are separate and are not usually fully covered by your health fund or Medicare. Please contact your treating doctors directly for estimates and/or to settle these accounts. This also applies to anaesthetists.

PRIVATELY INSURED PATIENTS

Please check with your private health insurer to ensure that your insurance is up to date.

The hospital will check on your behalf whether you have an excess or co-payment to pay or if your level of cover or waiting period excludes you from receiving benefits for some conditions. However, it is important that you also check with your private health insurer as co-payments and costs for excluded procedures are your responsibility.

UNINSURED PATIENTS

If you do not have health insurance, you will be required to pay the full estimate of your account on or before the day of your admission. Fees for additional or unplanned services are payable on or after the day of your discharge.

VETERANS

All veterans will receive a hospital estimate highlighting the potential out-of-pocket expenses associated with private room accommodation.

The hospital will ensure that prior approval is received for all White Card holders. Gold Card DVA patients do not require approval prior to admission.

If you require transport to or from hospital, you will need to contact DVA Transport to make arrangements.

WORKERS' COMPENSATION AND THIRD PARTY PATIENTS

All workers' compensation, public liability and third party patients require approval from their insurer prior to admission. If approval is not received, the patient is required to pay the estimated amount on or before the day of admission.

Department of Veterans' Affairs (DVA), Workers' Compensation, CTP, Defence patients and those with health insurance cover for shared rooms will have to pay a gap payment for each day you occupy a private room should you request such accommodation.

The telephone number for all accounts queries is **(02) 9356 0200**.

RESPONSIBILTY OF PERSONAL ITEMS

Whilst all care is taken, St Luke's Care cannot accept liability for losses of personal items. It is strongly recommended that jewellery or large amounts of money not be brought to the hospital. Patients will be offered the use of a safe at admission. Patients who do not put all or part of such valuables into safe custody will be required to document that they have declined.

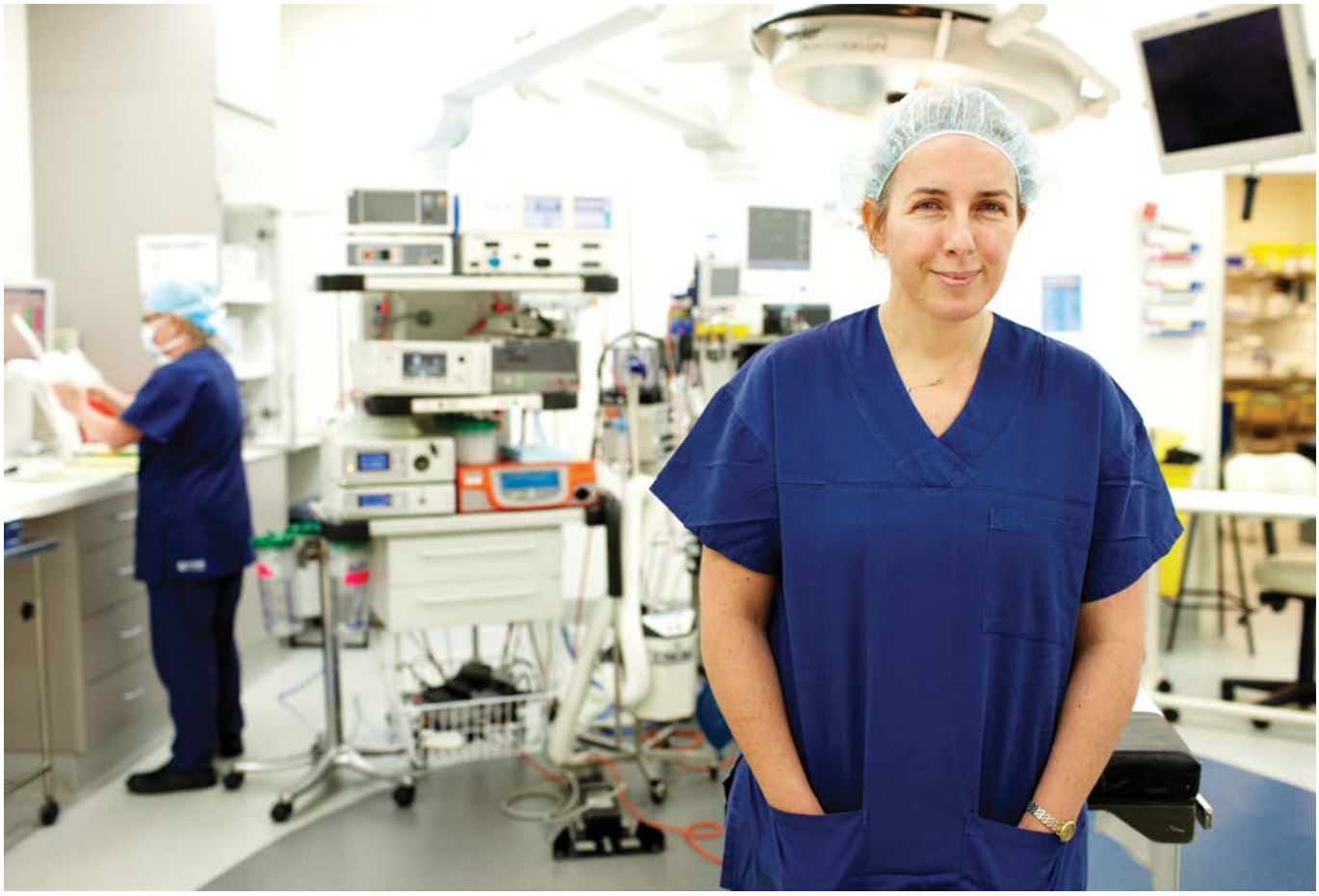
PRIVACY INFORMATION

We acknowledge our obligations to you under the Privacy Act 1998 (Commonwealth) and other laws which protect your information. Personal information we collect from you will be used primarily to ensure that you receive optimal care, but may be used for other purposes. Personal information is released under legislation to the State Health Authority, Health Funds and the Private Hospital Data Bureau.

We may also release your contact details to the St Luke's Hospital Foundation. The St Luke's Hospital Foundation is a charitable organisation whose mission is to support the work of St Luke's Care. The Foundation may send you a newsletter or information on the work it does. If you do not wish to receive this information please contact the Foundation on (02) 9356 0277 or inform one of our administrative staff at the time of your admission. The Foundation will not have access to your health information.

Our Personal Information Management Policy is available at reception. Our administration staff, who can be contacted by telephone through our main switchboard, are happy to answer any questions you may have concerning the policy. By ticking the Privacy Information box in your Pre-Admission Form, you are hereby consenting to the collection and use of personal information for the purpose of your care and wellbeing in accordance with the St Luke's Care Privacy Policy and reporting requirements under legislation.

Further, you understand that your health fund or a third party insurer may require details of your hospital care, including information on your medical condition(s) and treatment(s) given by the hospital, to enable payment of benefits for your hospitalisation. You hereby authorise St Luke's Private Hospital and/or your treating doctor to provide the information for this purpose to the health fund/insurer nominated by you on the Pre-Admission form.



LOCATION/TRAVEL

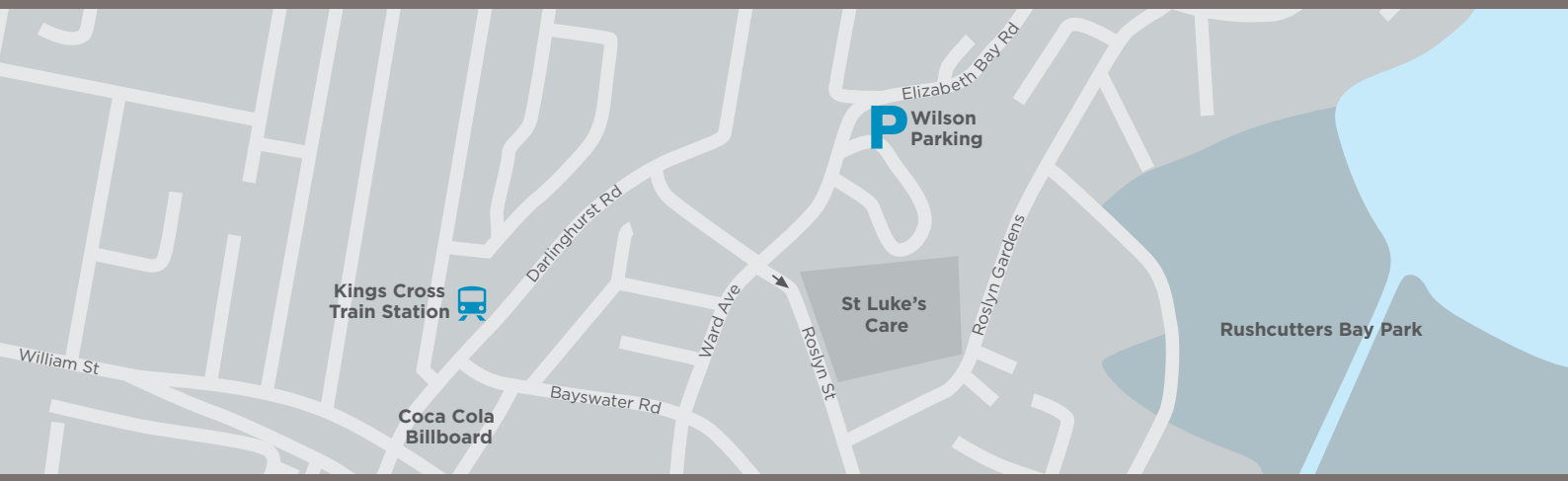
St Luke's Private Hospital is centrally located in Sydney's Eastern Suburbs at 18 Roslyn Street, Potts Point, just a few minutes' drive from the CBD. The Hospital has wheelchair access to all areas, with multiple easy drop off points.

PARKING OPTIONS FOR PATIENTS AND VISITORS

Convenient and secure parking is located within a minute's walk of the hospital in the Wilson Parking Complex on Ward Avenue. St Luke's patients and visitors can obtain special rates through ticket validation at the Hospital reception.

PUBLIC TRANSPORT OPTIONS

The Hospital is also facilitated by public transport with the Kings Cross Train Station close by and regular bus services.



For further enquiries, please contact
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