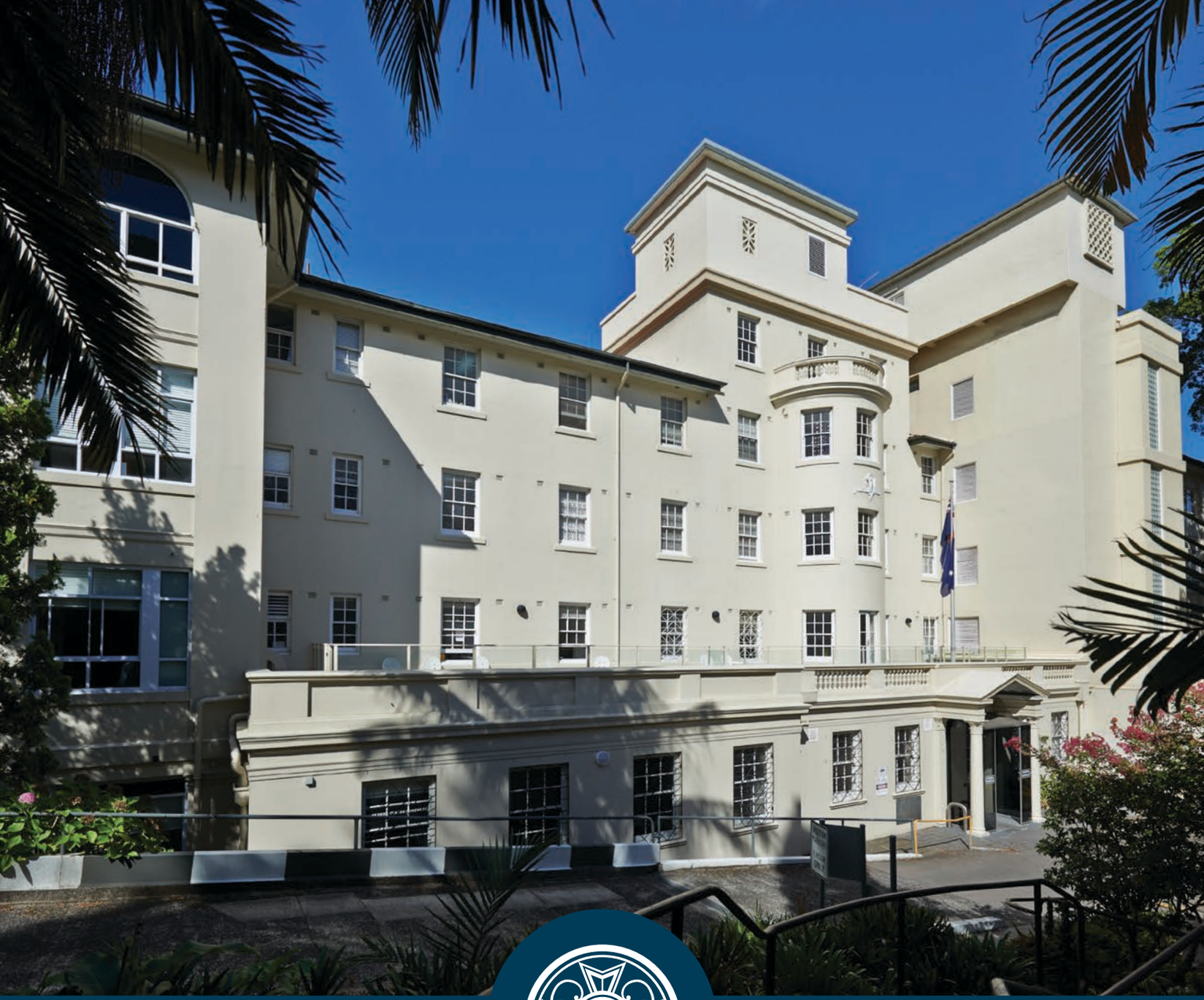


ST LUKE'S CARE

PRIVATE HOSPITAL

Pre-admission Information and Form

WELCOME TO ST LUKE'S PRIVATE HOSPITAL

This booklet provides useful information about your admission and stay at the hospital. Please read the information carefully and complete the forms and return them to us as soon as possible. The information you provide will assist us to plan for your admission and care for you while you are with us.

BOOKING YOUR ADMISSION

STEP ONE

Please go to slc.org.au/hospital-clinic/hospital/patient-and-visitor-information/pre-admission

Complete and save the following forms

- ☐ Form 1 - Pre-Admission Form
- ☐ Form 2 - Consent For Medical and/or Surgical Treatment (by your doctor in rooms)
- ☐ Form 3 - Patient Details
- ☐ Form 4 - Patient History

STEP TWO

Return the forms to the hospital by

- Email or scan to **bookings@slc.org.au**
- Print and post to St Luke's Care
  PO Box 35 Potts Point NSW 1335

STEP THREE

Read the Pre-Admission information that will help you to prepare for your admission.

Thank you for choosing St Luke's Private Hospital

PREPARING FOR YOUR STAY

Please ensure you have completed and returned the Pre-Admission Form, Patient Details Form and Patient History Form at least 7 days prior to admission where possible.

ORGANISING YOUR ADMISSION TIME

The hospital will send you a SMS message the day before your procedure with details of your admission and fasting times.

If you have questions, please call **(02) 9356 0200**.

ALL DAY SURGERY PATIENTS

All day surgery patients must arrange for a responsible adult to take them home and stay with them for 24 hours after their surgery. It is strongly recommended that you do not take public transport home. Patients who do not make arrangements, may have their procedure postponed.

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 cost 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 recommend that you bring:	
Day Surgery Patients	• Comfortable clothes to be able to change into after your procedure	
Overnight Patients	• Comfortable day clothes • Sleepwear, dressing gown and slippers • Personal toiletries	• Small amount of change for minor purchases at the cafe • CPAP machine (if applicable)
Paediatric Patients	• If your child wears nappies (day or night) please bring a few spares with you. • You are welcome to bring a favourite comfort toy.	
Rehabilitation Patients	You are encouraged to dress in comfortable day 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 and socks • Enclosed slippers/shoes with a non-slip sole/comfortable walking shoes • Cardigan • Pyjamas/night gowns • Swimming suit/shorts	If applicable, please also bring your: • Dentures • Hearing aid with batteries • Glasses • Walker/frame/stick • Razor • Cosmetics and toiletries • CPAP machine (if applicable)

RESPONSIBILITY FOR PERSONAL ITEMS

Whilst all care is taken, St Luke's Care cannot accept liability for losses of any personal items or clothing. It is strongly recommended that jewellery and large amounts of money not be brought to hospital. Patients may request use of a safe by contacting their nurse or reception.

MEDICATIONS

To ensure safe use of your medicines while in hospital, it is important to have an accurate record of all medications that you are already taking or have recently ceased. Please bring to the hospital:

- A printed list of all medications prescribed to you by your doctor including eye drops, patches, natural medicines and topical products.
- All current medications in the original packaging.
- Please do not bring pre-packaged and pre-sorted medication such as Webster-packs as we cannot administer medications from these.

Please advise us of any previous allergies or medication reactions you have had.

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 be contraindicated with your surgery.

If medications are approved for consumption in the lead up to your surgery, take your regular morning medication at 6am with a sip of water. If your procedure is in the afternoon, take any lunchtime medication at 11am 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 or the pre-admission nurse. The pre-admission nurse can be called on **(02) 9356 0200** or email **admission_nurse@slc.org.au**.

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 for at least six (6) hours prior to your procedure, and not drink clear fluids for at least four (4) hours prior to 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 with soap and water (or as instructed by your surgeon), wash your hair on the day of surgery and put on clean, comfortable clothes.
- Please remove all jewellery as much as possible. We advise leaving jewellery at home.
- Do not shave your body hair from the area that you are having surgery.
- Do not apply any powder, creams, lotions or makeup.
- Do not smoke cigarettes or chew gum.

YOUR ARRIVAL

All patients are admitted via the hospital's main reception desk. If driving, please proceed down the driveway of 18 Roslyn Street. There is limited on-site paid parking with the first 30 minutes free of charge.

The hospital will endeavour to minimise your waiting time where possible. Please understand unforeseen events may arise with other patients undergoing procedures, or further pre-operative tests or reviews are requested by your doctors which can cause delays

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 1.5 hours after your operation/procedure.

During this time refreshments will be provided. Please inform admitting nurse if you have any special dietary requirements.

As driving is not permitted for 24 hours after an anaesthetic, please ensure you have arranged for a friend or relative to escort you home and stay with you.

OVERNIGHT AND REHABILITATION PATIENTS

Visiting Hours

Visitors are most welcome at St Luke's Private Hospital and flexible visiting arrangements are available.
Visiting hours are generally between 10am and 8pm.
Please be aware that visiting hours may change without notice due to patients condition or NSW Health advice.

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.

If you would like to discuss your dietary needs prior to admission, please call the diet aide on **(02) 9356 0250** (Mon-Fri 6.30am - 2.30pm) or email **dietaide@slc.org.au**.

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, air conditioning and have Wi-Fi access. Some single rooms share a bathroom with another single room.

LEAVING THE HOSPITAL

Following discharge, 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 10am. 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.
- 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.

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.

PAYMENTS

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 admission. We accept payment by credit card, cash, bank cheque and EFT, however cannot accept personal cheques. EFT payments must be completed a minimum of five (5) business days prior to admission.

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.

OTHER SERVICE PROVIDER ACCOUNTS (PHARMACY, RADIOLOGY, PATHOLOGY)

All other accounts from service providers will be invoiced separately, directly to you and will be payable to the individual provider.

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.**

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 Policies are 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 on 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 Policies and reporting requirements under legislation. Our Privacy Policy is available at reception, or you can view our Privacy Policy on the St Luke's Care website.

We may disclose your personal information to third parties, such as pharmacy, pathology and radiology service providers who are engaged to provide health services to patients. In some circumstances those parties may be required by law to collect your personal information.

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.

ST LUKE'S CARE
— PRIVATE HOSPITAL —

PATIENT DETAILS FORM

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 stay.

ADMISSION DETAILS

Admitting Doctor:

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

Admission Type: ☐ Overnight ☐ Day Patient

PERSONAL DETAILS

Title: Given Names: Preferred Name:

Surname: Previous Surname (if applicable):

Date of Birth: / /

Residential Address:

Postal Address:

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

Email:

Gender: ☐ Male ☐ Female ☐ Non-binary or ☐ Preferred term

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

Language spoken at home: Religion:

Do you require an interpreter? ☐ Yes ☐ No If yes, language:

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

EMERGENCY CONTACT

Name: Relationship to Patient:

Address:

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

Second Contact/Power of Attorney: Telephone:

DETAILS OF GP

Name:

Address:

Telephone: Fax: Email:

DETAILS OF COMMUNITY PHARMACY

Name:

Telephone: Email:

PAEDIATRIC PATIENTS

Name of Parent/Carer staying with child:

PATIENT DETAILS FORM

MR3

TAE - SLC 0924

PATIENT TO COMPLETE

PATIENT DETAILS FORM

MR3

ST LUKE'S CARE
— PRIVATE HOSPITAL —

PATIENT DETAILS FORM

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

PERSON RESPONSIBLE FOR ACCOUNT

☐ Self ☐ Next of Kin ☐ Workers Compensation ☐ DVA ☐ Third Party ☐ Defence ☐ 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 ☐ Defence

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: / /

ST LUKE'S CARE
— PRIVATE HOSPITAL —

PATIENT HISTORY FORM

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

PATIENT TO COMPLETE

ADMISSION DETAILS

Please specify the reason for admission:

Have pathology (blood tests) been taken for this admission? ☐ No ☐ Yes Pathology provider:

Have x-rays/scans been taken for this admission? ☐ No ☐ Yes ☐ With Patient ☐ With Doctor

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

Are you coming from an aged care facility? ☐ No ☐ Yes

If Yes, name of facility: Telephone:

MEDICATION Shaded areas for staff only

ALLERGIES AND SENSITIVITIES

☐ No known allergies or reactions.

☐ **YES - Please document all known allergies or sensitivities e.g medications, foods, plants, tapes and dressings.**

Medicine or substance	Details and reaction

MEDICATIONS Tablets, capsules, puffers, patches, insulin, eye drops and creams

- include any complementary therapies , vitamins or over the counter preparations.

Medication	Strength	Dose	Frequency	Medication plan/review?
Does someone assist you to manage your medications at home? ☐ No ☐ Yes If yes, who?				

RECENTLY CEASED OR CHANGED MEDICATIONS

- include any complementary therapies , vitamins or over the counter preparations.

Medication	Strength	Dose	Frequency

PATIENT HISTORY FORM

MR4

TAE - SLC 0924

ST LUKE'S CARE
PRIVATE HOSPITAL

PATIENT HISTORY FORM

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

PATIENT MEDICAL ADMISSION Shaded areas for staff only

Please tick the relevant box and if YES, specify details where applicable.

ENDOCRINOLOGY Name of Specialist/s:

Do you have diabetes?	N	Y	☐ Type 1 ☐ Type 2 Controlled by ☐ diet ☐ insulin ☐ tablets
If you have diabetes, are your blood sugar levels well controlled?	N	Y	
Do you have low blood sugar?	N	Y	
Do you have thyroid problems?	N	Y	

CARDIOVASCULAR Name of Specialist/s:

Do you have a history of high blood pressure /hypertension?	N	Y	
Do you have a history of chest pain/angina?	N	Y	
Do you have a history of a heart attack/s?	N	Y	
Do you have a history of palpitations/heart murmur/ irregular heart beat/AF?	N	Y	
Do you have a history of deep venous thrombosis/ pulmonary embolism?	N	Y	
Do you have a history of cardiac implants or grafts?	N	Y	
Do you have a history of pacemaker and/or defibrillator?	N	Y	
Do you have a history of heart failure/congestive cardiac failure?	N	Y	
Do you have a history of rheumatic fever/valve disease?	N	Y	
Do you have a history of other cardiac problems?	N	Y	

RESPIRATORY Name of Specialist/s:

Do you have a history of recent cold – cough, fever, sore throat, or runny nose?	N	Y	
Do you have a history of bronchitis/asthma/emphysema/ chronic obstructive pulmonary disease/shortness of breath/bronchiectasis or hay fever?	N	Y	Do you use - ☐ nebulisers ☐ puffers ☐ home oxygen
Do you have a history of sleep apnoea?	N	Y	Do you use a CPAP Machine? ☐ No ☐ Yes

GASTROINTESTINAL Name of Specialist/s:

Do you have a history of any gastrointestinal ulcer /reflux/hiatus hernia?	N	Y	
Do you have a history of any bowel disorders?	N	Y	
Do you have a history of any liver disorders?	N	Y	
Do you have a history of hepatitis?	N	Y	Type of hepatitis?
Do you have a stoma?	N	Y	

ST LUKE'S CARE
— PRIVATE HOSPITAL —

PATIENT HISTORY FORM

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

PATIENT TO COMPLETE

PATIENT HISTORY FORM

MR4

PATIENT MEDICAL ADMISSION **Shaded areas for staff only**

Please tick the relevant box and if YES, specify details where applicable.

HAEMATOLOGY Name of Specialist/s:

Do you have a history of anaemia/iron deficiency?	N	Y	
Do you have a history of blood disorders/bleeding problems/clotting disorder or bruise easily?	N	Y	
Do you take blood thinners/arthritis tablets/ aspirin based medication/warfarin?	N	Y	If yes, what date have you been advised to stop taking this medication? ____ / ____ / ____ If you have not been given specific instructions regarding this medication, please contact your admitting doctor for instructions.
Do you have a history of previous blood transfusion/s?	N	Y	Date last given: ____ / ____ / ____ Reason: Any adverse reactions? Advised of any special requirements for future transfusions?

NEUROLOGY Name of Specialist/s:

Do you have a history of any neurological condition? e.g MS or Parkinson's?	N	Y	
Do you have a history of seizures/epilepsy /fainting/febrile convulsions?	N	Y	
Do you have a history of stroke/TIA?	N	Y	Any residual weakness?
Do you have any limb deficits?	N	Y	☐ right leg ☐ left leg ☐ right arm ☐ left arm
Do you have any speech or swallowing difficulties?	N	Y	
Do you have a history of delirium, dementia or cognitive impairment?	N	Y	☐ Screen
Do you have a history of depression/anxiety or mental health disorder?	N	Y	
Do you have a history of developmental delay?	N	Y	
Do you have a history of neurological or developmental disorder? e.g ADHD, Autism	N	Y	

GENITO-URINARY / RENAL Name of Specialist/s:

Do you have a history of kidney or renal disorder/dialysis?	N	Y	
Do you have a history of bladder issues? e.g urinary frequency/incontinence.	N	Y	
Do you have a catheter or stoma?	N	Y	

MUSCULOSKELETAL Name of Specialist/s:

Do you have a history of arthritis?	N	Y	
Do you have a history of back or neck problems?	N	Y	
Do you have a history of joint replacement/s?	N	Y	☐ right ☐ left : ☐ right ☐ left :
Do you have any pins/plates?	N	Y	
Other implants or devices?	N	Y	

TAE - SLC 0924

PATIENT TO COMPLETE

ST LUKE'S CARE
— PRIVATE HOSPITAL —

PATIENT HISTORY FORM

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

PATIENT MEDICAL ADMISSION **Shaded areas for staff only**

Please tick the relevant box and if YES, specify details where applicable.

GENERAL HEALTH AND LIFESTYLE

Name of Specialist/s:

Do you have a special diet?	N	Y		☐ Notify diet aide
Have you lost weight recently without trying?	N	Y	☐ Unsure If yes ☐ 1-5kg ☐ 6-10kg ☐ >15kg ☐ Unsure	☐ Screen
Have you been eating poorly because of decreased appetite?	N	Y		☐ Screen
Have you ever smoked?	N	Y	Daily amount? Or date ceased?	
Do you drink alcohol?	N	Y	Standard drinks per/day:	
Do you have a history of drug dependency?	N	Y		
Do you use recreational drugs?	N	Y		
Do you exercise regularly?	N	Y		
Female patients, are you pregnant?	N	Y		
Do you suffer from chronic pain?	N	Y	Pain specialist?	
Do you currently have any areas of broken skin? e.g scratches or wounds.	N	Y		
Do you currently have any bruising?	N	Y		
Do you have a history of falls or being unsteady on your feet?	N	Y	Date of last fall: / /	☐ Screen
Do you have a history of previous or current pressure injuries?	N	Y		☐ Screen

CANCER TREATMENT

Have you been diagnosed with cancer?	N	Y	Specify: Site: Date: / / Treatment ☐ surgery ☐ chemotherapy ☐ radiotherapy

SURGICAL HISTORY/ TRANSPLANTS/ CHEMOTHERAPY OR RADIOTHERAPY

Please list dates and proceedures performed.

DATE	SURGERY

PATIENT HISTORY FORM

MR4

ST LUKE'S CARE
— PRIVATE HOSPITAL —

PATIENT HISTORY FORM

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

PATIENT TO COMPLETE

PATIENT MEDICAL ADMISSION **Shaded areas for staff only**

Please tick the relevant box and if YES, specify details where applicable.

PROBLEMS WITH ANAESTHETICS (Self or Family)

Malignant Hyperthermia?	N	Y	☐ Self ☐ Family
Have you or anyone in your immediate family had a reaction to an anaesthetic?	N	Y	Details and reaction

PROSTHETICS / AIDS / OTHER

Visual aids?	N	Y	☐ Glasses ☐ Contact lenses ☐ Sight impaired ☐ Eye prosthesis ☐ Other implants e.g. lens
Hearing aids?	N	Y	☐ Left ☐ Right
Walking aids?	N	Y	
Dentures?	N	Y	

ANY OTHER MEDICAL CONDITIONS Please document any additional medical conditions below.

PREVIOUS HOSPITALISATION

Have you been treated at this hospital before?	N	Y	Year:
Have you been hospitalised for more than 48 hours within the last 3 months?	N	Y	Dates: Hospital:
Have you been admitted to any hospital or aged care facility outside Australia within the last 12 months?	N	Y	Dates: Hospital:

INFECTION CONTROL If YES, please specify

Have you travelled to a country with a current health alert in the last month?	N	Y		If Yes, refer to Infection Control Co-ordinator for review.
Do you have a history of infectious disease? HIV, Tuberculosis?	N	Y		
Have you ever had a multi resistant organism? MRSA, VRE, ESBL?	N	Y		
Do you have or have you recently had a fever with or without respiratory symptoms? Cough, sore throat, or runny nose?	N	Y		
Have you had vomiting and/or diarrhoea in the last 48hrs?	N	Y		

TAE - SLC 0924

ST LUKE'S CARE
— PRIVATE HOSPITAL —

PATIENT HISTORY FORM

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

PATIENT MEDICAL ADMISSION **Shaded areas for staff only**

QUESTIONS RELATED TO CREUTZFELDT JAKOB DISEASE (CJD)

Have you had surgery on the brain or spinal cord that may have included a dura mater graft prior to 1990?	N	Y	If Yes, refer to Infection Control Co-ordinator for review.
Have you had two or more first degree relatives who have been diagnosed with CJD or other Prion Disease, where genetic cause has not been excluded?	N	Y	
Have you received pituitary hormone treatment for fertility or human growth hormone for short stature prior to 1990?	N	Y	
Have you suffered from a recent progressive dementia illness (physical or mental), the cause of which has not been identified?	N	Y	
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?	N	Y	

ADVANCED CARE DIRECTIVE

Do you have an Advanced Care Directive or treatment limiting order?	N	Y	If yes, please provide a copy on admission.
If No, would you like more information about Advanced Care Directives?	N	Y	Contact Name: Telephone:

DISCHARGE PLANNING (Day Patients only)

Who will be taking you home and be with you for 24 hours?

Name:	Relationship:
Best contact number:	

DISCHARGE PLANNING (Day and Overnight Patients)

Are you over 80 years of age?	N	Y	
Do you live alone?	N	Y	
Do you have someone to care for you after discharge?	N	Y	Name: Relationship:
Are you solely responsible for the care of another person at home?	N	Y	
Do you currently receive community support services?	N	Y	Name of provider:
Do you have difficulty walking?	N	Y	
Do you require assistance with any aspects of daily living?	N	Y	
Where do you plan to go after discharge?			
How do you plan to get there?			

NAME OF PERSON COMPLETING THE FORM

Name:	Signature:
Relationship:	Date:

ST LUKE'S CARE
— PRIVATE HOSPITAL —

PATIENT HISTORY FORM

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

NURSE'S USE ONLY **Shaded areas for staff only**

ADDITIONAL SCREENING REQUIRED

Medication review or plan?	N	Y	
Cognitive impairment screening?	N	Y	
Malnutrition screening?	N	Y	
Infection control review?	N	Y	

PATIENT HISTORY REVIEWED BY

☐ **Pre-admission Nurse**	Print name:	
	Signature:	
	Designation:	Date:

☐ **Admitting Nurse**	Print name:	
	Signature:	
	Designation:	Date:

☐ **Ward Nurse**	Print name:	
	Signature:	
	Designation:	Date:

ADDITIONAL NOTES

ST LUKE'S CARE
PRIVATE HOSPITAL

PATIENT HISTORY FORM

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

ADDITIONAL NOTES

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.

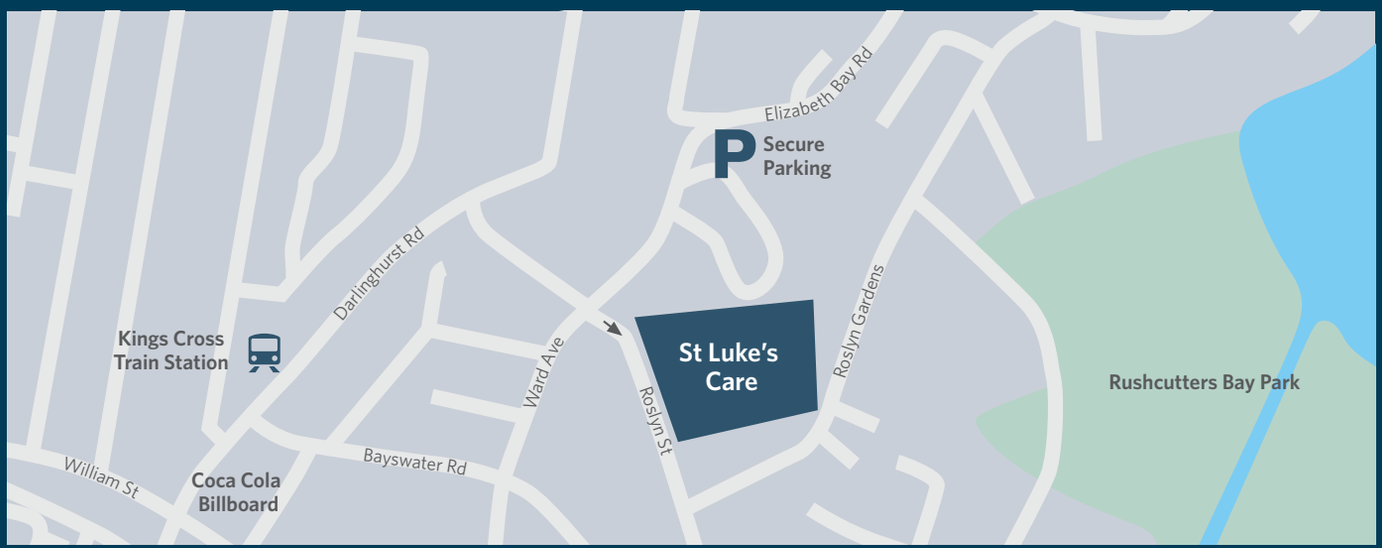
PARKING OPTIONS FOR PATIENTS AND VISITORS

If you're travelling by car, limited on-site parking is available via the driveway at 18 Roslyn Street. The first 30 minutes are free, with charges applying for longer stays.

Convenient and secure parking is located within a minute's walk of the hospital in the Secure 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 easily accessed by public transport with the Kings Cross Train Station close by and regular bus services.



For further enquiries

ST LUKE'S CARE
18 Roslyn Street Potts Point NSW 2011
Phone 02 9356 0200
Email enquiries@slc.org.au

slc.org.au