

**Pre Admission
 Form**

PART A

Unit Record No: _____
 Name: _____
 Address: _____
 Date of Birth: _____ Sex/Gender: _____
 Place Identification Label here

At least 2 weeks before your admission to hospital please complete this form and return to PO Box 406 Benalla 3672. Alternatively, you are welcome to bring the completed form to the hospital, (45-53 Coster Street Benalla) and Talk to our Ward Administration Clerk– Monday to Friday between 8am and 8pm.

Proposed Surgery Date: _____ Day Case Overnight:

Personal Details (Patient) SECTION 1

Title: Mr Mrs Miss Ms Other: _____ Date of Birth: _____
 Surname: _____ Given Name(s) in full: _____
 Previous Surname(s): _____ Sex _____ Gender: _____
 Residential Address: _____ Postcode: _____
(Do not use PO Box)
 Preferred Contact Number _____ Alternate Contact Number _____
 Marital Status: Married Single Widowed Separated De Facto Divorced
 Country of Birth: _____ Religion: _____
 Medicare No: _____ Ref No: _____ Expiry Date: _____ Pension No: _____
 Are you Aboriginal or Torres Strait Islander? If yes please specify

Person to contact (Next of Kin) (Please list two) SECTION 2

First Contact:
 Name: _____ Relationship to patient: _____
 Residential Address: _____ Postcode: _____
 Telephone Number: (Home) _____ (Business) _____ (Mobile) _____
Second Contact:
 Name: _____ Relationship to patient: _____
 Residential Address: _____ Postcode: _____
 Telephone Number: (Home) _____ (Business) _____ (Mobile) _____

Other Details SECTION 3

Operating Surgeon: _____ Local referring Doctor (GP): _____
 Local GP Phone No.: _____ Local GP Fax No.: _____
 Have you been a patient in this Hospital before? Yes No Unsure
 Request to be admitted as: Veterans affairs, complete section 4 Workcover or TAC, complete section 5
Please tick Health Insurance, complete section 6 Self funding private patient
 Public Patient

Patient name: _____ DOB: _____ UR number: _____

Veterans Affairs Information

SECTION 4

Please complete the following if you are a DVA Pensioner or Dependent.

DVA No.: _____ Colour of Card: _____

WorkCover/TAC

SECTION 5

Approval must be obtained prior to an elective admission to hospital. **Correspondence verifying liability must be presented on admission.**

Date of Injury/ Accident: _____ Claim Number: _____

TAC Case Manager (if known) _____ Phone No: _____

If WorkCover, please also complete

Employer: _____

Address: _____ Postcode: _____

Insurance Company: _____ Phone No: _____

Health Insurance Details

SECTION 6

Name of Fund: _____

Membership No: _____ Table: _____

Level of Insurance: Top Intermediate Basic Extras Only Does an Excess Apply? Yes No

Private Patients

Single rooms are not available in Victorian public hospitals. Where present, these are allocated first to patients with specific medical or clinical need for single room accommodation. Private patients desiring a single room will only be allocated this accommodation, if available, and if these rooms are not medically required for other patients.

Private Insurance

If you elect to be a private patient, the Hospital will claim bed fees on your behalf. Please contact your health fund to confirm your insurance level and possible excess or co-payment responsibilities prior to admission. If you have any further questions please contact Medical Accounts on 5761 4229 between 9:00am and 4:30pm Monday to Friday.

Election Status

The information you provide on this form does not oblige you to elect whether you are treated as a public or private patient until you are admitted (unless prior arrangement with your doctor. If unsure of your arrangement, please contact your doctor).

Your Healthcare Rights

You have a right to access, safety, respect, communication, participation, privacy and comment. These rights explained further in brochures available on request and in this online document [Australian Charter of Healthcare Rights](https://www.safetybeyondquality.gov.au/national-priorities/charter-of-healthcare-rights/) at this address <https://www.safetybeyondquality.gov.au/national-priorities/charter-of-healthcare-rights/>

NDIS FIELD - Please indicate the following

Are you an NDIS participant?

- No
 Yes - new NDIS participant during this admission
 Yes - existing NDIS participant prior to admission
 Not stated

If yes, please provide NDIS participant number: _____

Patient name: _____ DOB: _____ UR number: _____

HEALTH INFORMATION

Height: _____ **cm**

Weight: _____ **kg**

BMI:

Please note Height & Weight is compulsory information required for your admission

Please select correct answer	Yes	No	Comments and further information	
ALLERGIES			Specify allergy and reaction	Alert chart and Alert stickers in history and kitchen notified Latex Policy
Any allergies: Medication Tapes Latex / Rubber Food Other (specify): _____				
Have blood tests been taken for this admission?			Which company? When were they taken?	Ensure results are in history
Did you have an x-ray for this admission?			If you have these, please bring on day of procedure.	Ensure results are in history
Female: Are you Pregnant/ Breastfeeding?			Due Date:	
RESPIRATORY DISORDERS			Specify: Do you use: Nebuliser Home Oxygen Puffer	Physio Referral
eg. Asthma / Bronchitis Emphysema / Shortness of breath on exertion / Hayfever?				
Sleep Problem / Apnoea / Loud Snoring?			Do you use CPAP? If yes, please bring it with you for overnight admission	
HEART CONDITIONS				
Heart Attack / Chest pain / Angina?				
Palpitations / Irregular Beats / Murmur / Rheumatic Fever?				
BLOOD PRESSURE			High Low	
DIABETES			Managed by: Diet Tablets Insulin	
TYPE 1? Type 2?				
STROKE			Any residual weakness/symptoms?	
Mini Stroke, Multiple Sclerosis?				
EPILEPSY / Fits / Seizures			Last seizure:	OT and Physio
INFECTIOUS DISEASES				
Flu Vaccination/Immunisation HIV / Hepatitis / Hospital Infections?			Specify Specify	
KIDNEY DISORDERS			List:	
THYROID DISORDERS				
BLOOD CLOTS			Location of blood clots:	
Blood Disorders / Tendency to bleed or bruise easily / Anaemia?				
REFLUX				
Hiatus Hernia / Ulcers?				

Patient name: _____ DOB: _____ UR number: _____

MEDICATIONS

ANTI-COAGULANT THERAPY	Yes	No	
Do you take / recently taken Blood thinning medications e.g. Aspirin / Plavix / Warfarin?			Specify Ceased Still Taking ** If you take Warfarin please organise to have an INR test 1 or 2 days before your procedure. A reading below 3.0 is required.
Have you taken any steroids / cortisone in the last six (6) months?			Name

Please list below (or attach another piece of paper) listing **all** prescriptions / over the counter medications / inhalers / vitamins / herbal remedies / mineral supplements you take.

LIFESTYLE

ALCOHOL: Do you drink alcohol?			Specify
SMOKING: Do you currently smoke?			How many per day?
Have you smoked in the past If yes, how long ago?			
MOBILITY: Do you use a mobility aid? eg. Walking Stick / Frame / Crutches / Wheelchair			Specify Please bring your mobility aid with you
Are you a registered organ donor?			
Do you use recreational drugs?			

MALNUTRITION SCREENING

Do you have any appetite problems causing weight loss?				Dietitian Referral
Have you recently lost more than 5kg without trying?				Dietitian Referral
Do you require a special diet? Lactose / Gluten Free etc.			Specify	Notify Kitchen

Patient name: _____ DOB: _____ UR number: _____

DISCHARGE PLANNING
TIME IS 10am FOR OVERNIGHT PATIENTS

Do you live: Alone With Others Residential care eg Hostel / Nursing Home		Which residential care centre?	
Are you the sole carer for others at home?		Specify:	Refer to Discharge Planner
Are you currently receiving Community Services? eg. District Nursing / Meals on Wheels etc		Specify:	Refer to Discharge
Where do you plan to go after discharge?		Home Other (specify):	
Do you believe you will need Community Services organised for you after the procedure?		Specify:	Commence SCOT Tool
Do you require Medical /Carers leave certificate?			

DAY SURGERY PATIENTS ONLY

How are you getting home? _____

Who will be driving you home? Name: _____ Phone No: _____

Who will be staying with you 24 hours after discharge? Name: _____ Phone: _____

STAFF USE ONLY

Need for follow up phone call? Yes No

Date and Time Call made: _____ Duration of Call _____ mins Who did you speak to? Patient / _____

What did you discuss / advice given:

Referrals Written: Yes No NA

Form Reviewed by: _____ Designation: _____ Date: _____

PRIOR TO YOUR SURGERY

- Please complete the front half of this booklet (all sections) and return to the hospital at least 7 days prior to your procedure together with a health summary from your local GP.

Via post addressed to

Ward Clerk, Surgical Ward

Benalla Health

PO Box 406, Benalla 3671 or,

In person

- To The Day Procedure Unit (refer map)
Between 7am – 3pm Mon – Thurs.
- **You must have another responsible adult to stay with you for 24 hours after your procedure (unless local anaesthesia)**
- You may be required to have a pre-anaesthetic check by your anaesthetist in the days prior to your surgery – your surgeons rooms will advise.
- If you take Warfarin (Coumadin/Marevan) please ensure you have an INR blood test 1-3 days before your procedure. Please ask pathology to fax the result to Benalla Theatre on 5761 4784. Your INR needs to be below 3.
- **Nursing Staff will contact you in the preceding days prior to your surgery to advise you of your Admission and Fasting Requirements**
- Make-up, nail polish and all jewellery should be removed before coming to hospital.
- Any concerns or queries about medication can be discussed with your anaesthetist or surgeon.
- You should not smoke or consume alcohol prior to your surgery.
- If you are unwell leading up to the surgery please discuss concerns with your surgeon, anaesthetist or Day Procedure Nursing Staff on 5761 4268 between 7am - 3.00pm Mon-Thurs.
- After Hours and Friday phone 57614356

ON THE DAY OF YOUR SURGERY

- Report to Day Procedure at the appointed time at which time the ward clerk will complete your admission paperwork.
- If sedation is part of your procedure, you will be required to sign a document confirming that you understand you cannot drive, operate machinery, or make legal decisions and that you must be in the care of a responsible adult for 24 hours after your procedure.
- The nursing staff will take you further through the admission process. This involves vital signs, general assessment, sharing information about and preparing you for your procedure.
- After your procedure you will be monitored in recovery and then DPU for a period of time during which you will have vital signs checked, be given a light meal and any appointments made before you can be safely discharged into the care of your appointed driver/carer.

SUGGESTED ITEMS TO BRING WITH YOU

For all Admissions:

- Current Medications x-ray and test results.
- Medicare and Pension cards and Health Insurance & Veterans Affairs card if applicable.
- Children are encouraged to bring favourite toy and own pyjamas.

For Overnight Stays in Acute Ward:

- Dressing gown, nightwear and slippers
- Soap, toothbrush, toothpaste, brush, comb, tissues and shaving equipment

PLEASE DO NOT BRING VALUABLES SUCH AS JEWELLERY OR LARGE AMOUNTS OF MONEY WITH YOU. THE HOSPITAL DOES NOT ACCEPT RESPONSIBILITY FOR ANY ITEMS LOST DURING YOUR STAY.

ACUTE PATIENTS

There are numerous services available in the community that may assist you on discharge which will be discussed with you by your nurse. You are encouraged to contact the hospital with any concerns after discharge.

SUGGESTED ITEMS TO BRING MIDWIFERY WARD

Mother

- Nighties, dressing gown, slippers
- Toiletries, Sanitary Napkins
- Underwear, Casual Clothes
- Maternity Bras

Baby

- Nightgown, Singlet, nappies and bunny rug are supplied by the hospital. You may wish to use your own baby clothes
- Baby soap or wash (optional)
- Baby wipes

FACILITIES FOR YOUR USE IF STAYING OVERNIGHT

- Limited newspapers available from front reception only
- Televisions are provided free of charge
- Telephones are on each bedside table.

VISITING HOURS

VISITING HOURS ARE FROM
10AM UNTIL 8PM EACH DAY

Rest periods are:

Acute ward 1-2pm

Midwifery ward 1-3pm

During this time we request no visitors
or phone calls.

VOLUNTEERS

At Benalla Health we have active volunteers providing additional comfort for patients, this involves talking socially, taking patients for walks outside, writing letters, making phone calls on their behalf, running errands, reading, playing games and providing hand/foot massages. The volunteer service is available each weekday. Please talk to your nurse if you would like to access the service.

(If you or any of your family are interested in becoming a volunteer please call).

MIDWIFERY PATIENTS DISCHARGE

The following services are available to assist you:

Breast Feeding Support Service

This Service is held every Wednesday between 9am and 5.30pm. There is no charge and appointments can be made by contacting midwifery ward on 5761 4749.

Maternity patients can also call the unit for up to 6 weeks post birth for advice or review day or night.

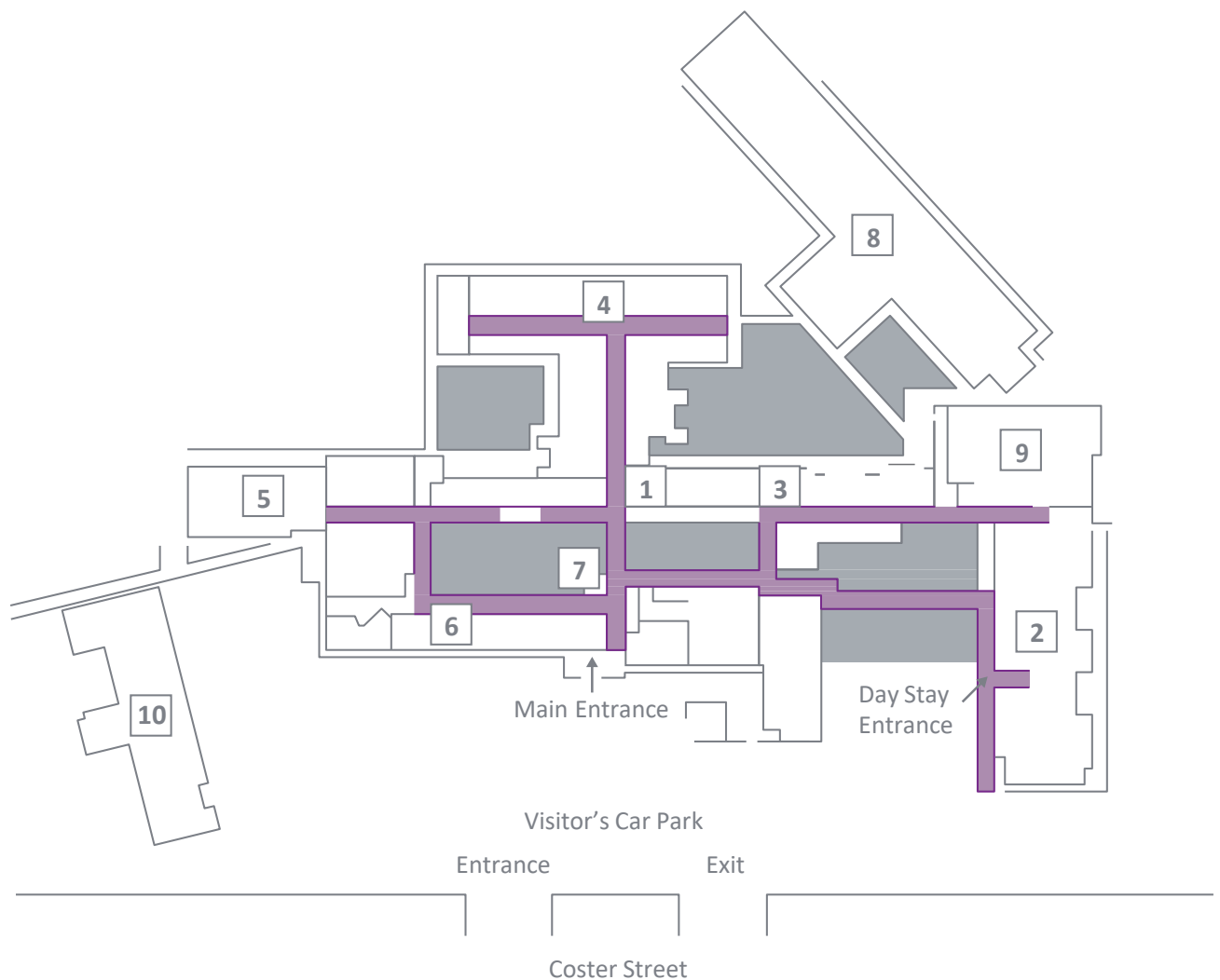
Maternal & Child Health Nurse and Victorian Infant Hearing Screening Program

will be informed of your baby's birth and will contact you to arrange an appointment either whilst you are in hospital or shortly after your discharge.

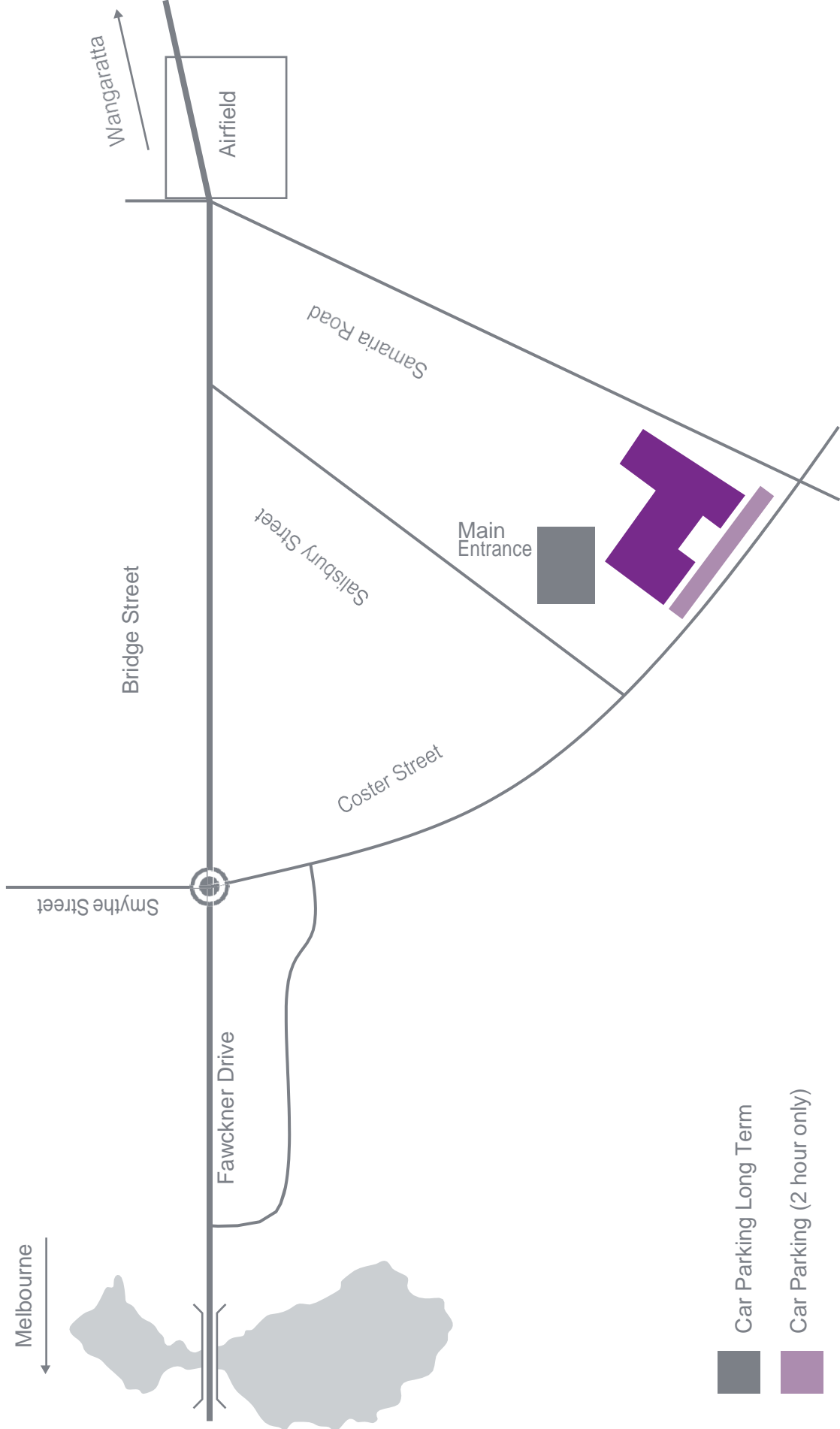
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Hospital Services Map

1. Afterhours Admissions Office
2. John Lindell Day Procedure Unit
3. Midwifery Ward / Breast Feeding Support Service / Ante Natal Classes
4. Acute Ward
5. Urgent Care Centre
6. X-Ray (i-MED)
7. Reception
8. Morrie Evans Wing Nursing Home / CRC
9. Theatre
10. Pathology / Consulting Rooms / Community Care



Benalla Health Location Map



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