Admission Forms and Patient Information

StVincent's LISMORE | BEST CARE. RIGHT HERE.

Welcome and thank you for choosing St Vincent's Lismore

Our patient and family centred care involves you and your loved ones as active members of our team, ensuring that you have the information you need. To better prepare you for your hospital stay, we encourage you to read through this guide which provides detailed information for you, your family and your friends about your hospitalisation.

Pre-Admission Information

Our dedicated team of professional staff are committed to providing patients with the highest standards of care. Throughout your stay, from pre-admission to discharge, you will be treated with the utmost respect and dignity. 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 follow the steps listed below.

In order for your admission to be confirmed, please complete the admission booklet and return to St Vincent's the same day as your Surgeon consult or at least 14 days prior to your admission date. If your completed admission paperwork is not received prior to your surgery in advance, your surgery date may need to be re-scheduled.

Step 1

Option 1 –	Complete **pages 8-11** of the admission booklet, the same day as your consult, and submit it to your Surgeon's practice staff.
Option 2 -	Complete **pages 8-11** of the admission booklet, the same day as your consult, and submit these with **pages 12-14** (which have been completed by your treating Doctor) to St Vincent's Hospital.
In Person:	Reception desk located at either the Dalley Street or Avondale Avenue entrance **(preferred method)**
Email:	admissions@svh.org.au
Fax:	(02) 6627 9221
Mail:	PO Box 572, Lismore NSW 2480

Step 2

Please contact your Anaesthetist as advised by your Surgeon.
If you have not been advised who your Anaesthetist is please contact St Vincent's on (02) 6627 9223 for assistance.

Step 3

Please contact your Private Health Fund to confirm your level of cover and whether you have an excess or co-payment on your policy. In the event that you do have an excess it is payable at the time of your admission.

Step 4

Orthopaedic joint replacement patients only

All joint replacement patients must attend the Orthopaedic clinic a minimum of 2 weeks prior to admission.

Bookings for the Orthopaedic clinic must be made in advance

If your Surgeon's staff have not arranged for you to attend the Orthopaedic clinic, please contact St Vincent's as soon as possible to make an appointment Ph: (02) 6627 9534

Once your admission forms have been received, our team of Nurses will make a decision whether a pre-admission appointment is required. If you are required to have a pre-admission appointment our team will contact you. *Please do not contact the hospital to make an appointment.* If you are not required to attend the preadmission clinic you will also be contacted by the preadmission nurse to discuss information concerning your hospital stay, including your operation, previous surgical and medical history, medicines you are taking and what to bring to hospital. Discharge planning will also be addressed at this time (e.g. who will take you home, who will care for you at home on discharge, etc.).

If you have any queries regarding your admission costs, health insurance status or the completion of forms, please phone the Admissions Office on (02) 6627 9223 [Monday to Friday 6:00am to 5:00pm] or email: admissions@svh.org.au.

Remember to telephone after 2.00pm, the working day before your admission to obtain your required admission time and fasting details. Phone number – (02) 6627 9223

What to bring on Admission

Prior to your procedure please:

- **Shower before your arrival. Do not apply any powder, creams, lotions, or makeup.**
- **Follow instructions from your doctor and/or nursing staff including fasting instructions. Failure to do so may result in not being able to have your procedure.**

Please bring the following:

- All the documentation, scans and X-rays you have relating to your procedure and/or treatment.
- If you are staying overnight, please bring a small bag with your personal sleepwear, robes, slippers and toiletries.
- All current medications in their original labelled packaging. We are unable to administer medications from Webster packs or Dosette boxes or any medication NOT in their original dispensed packs. If medications are brought to hospital in this form, new medications will be supplied from the hospital pharmacy. This may result in a cost to the patient depending on their health fund coverage.

Personal items and valuables

You are encouraged to bring only essential items to hospital. Large sums of money, keys, jewellery, personal papers, and other valuables must be left at home.

- Bring your glasses case with you to store your glasses. If you wear contact lenses, it is best for you to wear your glasses and leave your lenses at home.
- If you have a hearing aid, bring it and a storage container with you.
- If you wear dentures please bring a container for your dentures.

Important

- The hospital does not accept responsibility for loss or damage to any personal property.

Consent

Any operation, administration of anaesthetics, transfusion of blood /blood products and certain procedures all require your specific consent. Before you give your consent, please ensure that you are confident that your doctor has fully explained the procedure and/or treatment, its effects, your expected recovery and follow-up care requirements. Please ensure that you have had this discussion with your doctor prior to signing your consent.

Anaesthetic

Your anaesthetist will select a combination of drugs for use during your anaesthetic. The selection will depend on certain factors such as your operation, your state of health, your concerns, age, allergies and so on.

Some drugs may be injected into the vein, others may be inhaled as gases along with oxygen, usually through a tube, while others may be injected to block nerves.

The most appropriate combination for you will be selected after you are carefully assessed by your anaesthetist. Your condition will be monitored closely throughout the procedure by your anaesthetist who will adjust your anaesthetic according to your needs.

While you're asleep, your anesthetist will stay with you during and immediately after your operation. No chance will be taken and your condition will be monitored continuously.

Visiting hours

We know that the presence of friends and family is important to the healing process. In respecting the care and comfort needs of our patients, visitors are welcome between:

General Wards
10am to 8pm

Rehabilitation Unit
3pm to 8pm Monday – Friday
10am to 8pm Weekends

Palliative Care Unit
Visits are unrestricted, unless patients are receiving medical or nursing care.

It is appreciated if the number of visitors at any one time can be kept to a small number especially when patients are in shared accommodation. For the comfort of patients, should you, or your family or friends feel unwell we ask you to refrain from visiting.

Discharge

Discharge and after care

Some patients may have special requirements for their care following discharge. It is important to identify your needs early so that referrals can be made to services available in your area.

Referrals to the Discharge Planner can be made your doctor and/or your nurses to ensure that you have appropriate services organised for when you are ready to be discharged home. There may be a charge for any community support services put in place.

Discharge after your day procedure

- Our staff will notify your relative or escort with a time that you will be ready to be discharged.
- Any medications prescribed following your surgery will be provided to you on your discharge. The cost of discharge medications will be billed to your account and may incur charges not covered by your insurance.
- Staff will explain post-operative instructions to you and/or your relative or escort before you are discharged.
- It is recommended that you do not drive a motor vehicle, operate heavy machinery or make important decisions for 24hrs after your anaesthetic.
- You will be discharged once your escort has arrived to accompany you home. It is recommended that someone be with you overnight where possible.
- On the following business day you will be contacted by phone by a member of our Nursing team.
- If you are worried about your recovery you should contact your Specialist direct or call the Hospital on (02) 6627 9600.
- If you do not feel comfortable regarding your discharge, please speak to the nurse who will escalate any concerns where necessary.

Discharge after an overnight stay

Your discharge from St Vincent's will be planned and discussed in advance with you and your family. You will normally be given advance notice of discharge, but on occasions, it may only be possible to notify you on the day of discharge.

Important

FOR OVERNIGHT PATIENTS DISCHARGE TIME IS 10.00AM

- Please ensure that you have someone to drive or accompany you home.
- Your nurse will provide you with a discharge plan that details any services arranged for you by the discharge planning team. Before leaving the ward collect any X-rays and/or medication and confirm whether you have any follow-up appointments.
- Pack and check your room for personal belongings.

Your account

Your Hospital Account

It is important that you approach your admission to hospital well informed of your financial obligations.

Prior to your hospital admission we will provide you with an estimate of hospital charges. This estimate will be based upon the following;

- An estimated length of stay for your admission
- Item numbers for your planned procedure(s)

Please be aware that as the estimate is prepared using information supplied by your admitting doctor, circumstances may arise during the course of your hospitalisation that may result in changes to the estimate.

Important

This estimate covers your hospital account only. We advise that you check with your health fund if you have any excess or co-payments applicable to your specific level of cover. **Any excess or co-payments applicable are payable on or before admission.**

Medical Imaging and Pathology costs

These accounts are not covered in the hospital costs and will be billed separately. They should be settled directly with the service providers. If you have questions or concerns about these costs please telephone:

- North Coast Radiology (1300 66 9729)
- Sullivan and Nicolaides Pathology (1300 732 030)

Pharmacy costs

Medications supplied to patients during their hospital stay, and for discharge, may result in a cost to the patient depending on health fund coverage. If eligible for subsidised medicines, please supply your card and details on admission. Your health fund may cover a portion of the account.

- Epic Pharmacy (02) 6624 0600

Your Doctors Accounts

It is important that you understand that financial accounts from your treating doctors are separate and are often not covered by your health fund or Medicare.

We also strongly advise that you discuss with your doctor if any prosthesis or medical devices are planned and whether they will incur a gap payment. The hospital will charge this gap payment to you.

Important

Accounts from treating doctors who have been involved in your care, will be sent to you directly from them. Such services include your surgeon, medical specialists, anaesthetists and assistant surgeons. These accounts should be settled with the specialist who sends the bill, not the hospital. Medicare and your health fund may cover a portion of the account.

Financial Consent

Payment for your estimated hospital fees, gaps or excess is required on admission.

Upon being admitted to St Vincent's Lismore, you agree to pay all fees relating to your hospital visit, including where your health fund or insurance claim is declined for any reason.

Veterans

The hospital will ensure that prior approval is received for all White Card holders. Veterans' Affairs patients who hold Gold Cards do not require approval prior to admission.

Privately Insured Patients

If you have private health insurance we will submit a benefits claim form on your behalf. Following the submission of your claim any out of pocket expenses not covered by your health fund will need to be paid.

Any excess to be collected on behalf of the health fund will be required to be paid on admission.

Self-Insured patients

If you are a self-insured patient 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 discharge. Please call in to the Reception desk to settle your account.

Workers' Compensation and Third Party

Please bring full details of your claim with you, including the acceptance letter from your insurance company.

Payment options

For your convenience, payment may be made:

- In person: by cash, EFTPOS, bank cheque, MasterCard, Visa or Amex
- By telephone: using MasterCard, Visa or AMEX
- By direct deposit: please ask for our banking details.

Additional information

Accommodation

There are single and shared rooms. Every effort is made to accommodate you in the room of your choice. If your preference is not available at the time of admission, your request will be met, where able, as soon as possible. All single rooms have a private ensuite.

Accommodation for Relatives (Inpatients)

Carinya Cottage is located within the St Vincent's Private Hospital Campus. Your relatives are most welcome to use this facility. Please phone the Dalley Street Reception on (02) 6627 9600 for information regarding bookings, availability and fees. Meals are available at the staff cafeteria for a small charge.

Chapel

The Chapel is located next to the Dalley Street entrance Reception on the ground floor and is open daily for prayer and reflection.

Pastoral and Spiritual Care

As part of our holistic approach to your care, pastoral carers are available to be a listening and compassionate presence offering emotional and spiritual support where confidentiality is respected.

Although a distinctly Catholic organisation, our mission is the care of all patients. With this in mind representatives from various faith traditions and denominations regularly visit St Vincent's Lismore.

Companion animals

Provision is made for patients who are visually impaired to have their companion or assistance animal with them. Please advise your requirements prior to admission.

Friends Coffee Lounge and Tea Room

The Coffee lounge is located adjacent to the Dalley Street entrance to the hospital with a range of refreshments available. The Tea Room is located at the Avondale Avenue Patient Admission entrance.

Allied Health Services

During your admission you may require support from a member of our allied health team. This includes dietitian, occupational therapy, physiotherapy, or social worker. A referral can be made at any time to ensure your care needs are met.

Interpreters

Interpreters are available on request.

Food and Nutrition Services

Food and Nutrition Services are an integral part of your healthcare experience at St Vincent's. The food services team aims to provide you with nutritious and rewarding meals to aid your recovery.

Special diets

While in hospital, you may need to go onto a special diet, with foods that are different in texture and/or taste to what you're used to having at home – this is to assist your recovery. Please let staff know if you have any questions or concerns regarding your special diet. On occasion, during your stay, your diet order may need to be changed for medical reasons.

Assistance with meals

Please let your nurse know if you require assistance to get ready for your meal, i.e. sit up and/or get out of bed.

Can I bring in food for a patient?

As much as hospitals try, the food that is served may not meet expectations — especially when people don't feel well. As a result, your loved ones may be tempted to bring a meal or a special treat into the hospital to show their concern and to help make you feel better. As appealing as home cooked food may sound, we discourage family members and friends from bringing food for several reasons:

- It may not meet your specific health needs – you may be on a restricted diet due to your condition or preparing for a surgical procedure.
- It may make you sicker – there is an increased risk of food poisoning when food is not properly prepared, transported or stored.

The comfort and wellbeing of each of our patients is our primary concern. For these reasons, St Vincent's cannot accept responsibility for food that is prepared outside the hospital and brought in for patients by relatives and visitors.

Smoking / Alcohol

St Vincent's Lismore has a 'No Smoking' policy as smoking is a health hazard and a serious fire risk within the hospital setting. Alcohol may be served on request with your evening meal at the discretion of your treating doctor.

Mobile phones

The use of mobile phones should be restricted to essential calls only. Unnecessary phone calls may interfere with the normal enjoyment of the environment and the facility.

Recording Conversations

Recording of conversations by patients or visitors with medical practitioners, hospital staff or allied health practitioners is not permitted without prior consent.

Photography

Please note that photos or videos of our workforce are not permitted.

Wireless Internet

St Vincent's has a wireless network installed across all patient levels that enables immediate access to the Internet for patients who bring their own devices. Connection instructions are available from the receptionist on the ward.

Security

In the interests of the safety and security of our patients, visitors and staff, access to all facilities after hours is restricted.

St Vincent's Private Hospital - access after 6pm is through the Dalley Street entrance. After that time visitors may use the intercom system to request access.

Fire safety

St Vincent's Lismore is committed to the safety of all patients, visitors and staff. Candles and naked flames are not permitted in the patient care areas of the hospital. Emergency procedures are in place and regular fire drills are conducted with all staff. In the event that you discover an emergency, please press the nurse call button. Our trained emergency team will attend to any emergency and manage the situation. We ask that you remain calm and wait for instruction from our staff.

St Vincent's Lismore is an Aggression and Violence, zero tolerance zone

Staff, patients and visitors of St Vincent's Lismore have a right to a safe environment at all times.

Threatening, abusive or physically violent behaviour will not be accepted from anyone under any circumstance.

We respectfully advise you that violence and verbal abuse will not be tolerated.

Advice on how to make a compliment, a complaint or a suggestion about your health care treatment.

You are invited to provide feedback about the services you received in hospital. If you or your family have any concerns during your stay, please direct them to the staff caring for you or the Nurse Unit Manager.

If you would like to make a statement about the care you received, please use the consumer feedback form available from the receptionist on each ward. A reply-paid envelope is available should you wish to take the form home and complete it at a later date.

Privacy

St Vincent's is bound by the Australian Privacy Principles under the Privacy Act 1988 (Cth) and other relevant laws about how private health service providers handle personal information (including but not limited to patient health information).

In order to provide you with health care services we need to collect, use, disclose and store your personal information. The information below sets out in brief how St Vincent's will handle your personal information.

We will collect your personal information for the purpose of providing you with health care and for directly related purposes. For example, we may collect, use or disclose personal information:

- For use by members of your multidisciplinary care team;
- Assessment for the provision of health care services;
- To liaise with health professionals, Medicare or your health fund/insurance provider;
- In an emergency where your life is at risk and you cannot consent;
- For internal administrative requirements, quality improvement activities, risk management and other purposes required for the operation of our hospitals.
- For the education of health care workers or the placement of students or trainees;
- To maintain health records as required under our policies and by law; or
- For other purposes required or permitted by law.

St Vincent's discloses your personal information where we outsource some of our services or employ contractors to provide services (e.g. Pathology, Radiology, Pharmacy, etc.). We may disclose information to other hospitals or healthcare providers who contact us to obtain information about you to assist with your ongoing care after confirmation of their identity and the purpose of the request.

Generally information will be collected directly from you, however, information may also need to be collected from other sources, including other healthcare professionals, health service providers, health funds, insurance agencies and in certain situations other family members, carers or friends.

Should we wish to use your personal information for purposes other than ways which you would reasonably expect or those listed above we will obtain your consent.

We take reasonable precautions to prevent your data from being accessed by unauthorised parties and will take appropriate action to remedy any unauthorised access or disclosure should a data breach occur. We will notify you of a data if there has been unauthorised access to, unauthorised disclosure of, or loss of, your personal information held by us; and we determine the access, disclosure or loss is reasonably likely to result in serious harm to you or any other individuals to whom the information relates.

You have the right to access your personal information that we hold about you. You can also request an amendment to personal information that we hold about you should you believe that it contains inaccurate information.

For further information or to receive a copy of our full Privacy Policy, please ask a staff member or visit our website: *www.svh.org.au*.

How to get a good night's sleep while in hospital

Sleep is important for recovery

Sleep will help your body repair itself and build immunity. Being rested may also help you manage your pain more effectively. A hospital stay can be an emotional and upsetting time for you and your loved ones, and having quality sleep helps everyone manage stress better.

Here are some important points about sleep during your stay in hospital

- Using a night pack of eye mask and ear plugs can help you sleep at night (please ask your nurse for ear plugs if required)
- Respecting hospital quiet/sleep times is important for you and others
- If you want to nap try to avoid long late afternoon or evening naps
- During the day, more sunlight and physical activity (where possible) can help you sleep at night
- Avoid too many stimulants, especially caffeine and nicotine later in the day
- Practise using strategies to avoid too much night-time worry such as taking time to relax, especially as you wind down for the sleep period
- Please ask our nurses for their help if you are having difficulty sleeping – we all want you to get a good night's sleep

Be mindful of your sleep needs and the needs of others

While in hospital your body will be doing its best to help your recovery. So you, and/or others on the ward may feel the need to sleep during the day. If so, please be respectful of the needs of others and keep noise to a minimum. Try to have conversations with others softly and, if possible, quietly leave the ward for any longer phone calls.

Aim for a nightly quiet settling down time from about 10pm. Please ask your visitors to only come during the permitted times and avoid disturbing others nearby as much as possible. Make sure you are not too hot or cold in bed. Ask nurses for an extra blanket or pillow if required. Please discuss your pain management needs before the sleep period with nursing staff.

In a shared ward, please turn off any TVs, mobile phones (or have these on silent mode), or similar equipment during quiet times. If others around you are settling down for a rest, use headphones to listen to your devices/equipment. Please be mindful of noise from drawers, doors or searching through your overnight bag. Have all the items you need for getting ready for bed (or during the night) handy beforehand.

Understanding your rights and responsibilities

At St Vincent's Lismore we support the Australian Charter of Healthcare Rights.

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing health care to share an understanding of the rights of people receiving health care. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

What can I expect from the Australian health system?	
MY RIGHTS	**WHAT THIS MEANS**
ACCESS	• Healthcare services and treatment that meets my needs
SAFETY	• Receive safe and high quality health care that meets national standards • Be cared for in an environment that is safe and makes me feel safe
RESPECT	• Be treated as an individual, and with dignity and respect • Have my culture, identity, beliefs and choices recognised and respected
PARTNERSHIP	• Ask questions and be involved in open and honest communication • Make decisions with my healthcare provider, to the extent that I choose and am able to • Include the people that I want in planning and decision-making
INFORMATION	• Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent • Receive information about services, waiting times and costs • Be given assistance, when I need it, to help me to understand and use health information • Access my health information • Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe
PRIVACY	• Have my personal privacy respected • Have information about me and my health kept secure and confidential
GIVE FEEDBACK	• Provide feedback or make a complaint without it affecting the way that I am treated • Have my concerns addressed in a transparent and timely way • Share my experience and participate to improve the quality of care and health services

Your responsibilities

- To provide accurate and complete information about your condition, past illness and medications as outlined in our health questionnaire.
- To consider other patients in our care. In particular, we ask for your co-operation with the control of noise, respect of property and the observation of the non-smoking policy within the buildings of St Vincent's Lismore.
- To treat all the healthcare workers employed by St Vincent's Lismore with respect and courtesy regardless of their cultural and ethnic backgrounds.
- It is important that you check with your private health insurer that your insurance is up to date, as co-payments, excess and costs for excluded procedures are your responsibility.

Patient Goals

Goals of care are what a patient wants to achieve during an episode of care, within the context of their clinical situation.

Goals may be clinical and personal and are determined in the context of a shared decision-making process.

During your stay staff may do the following:

1. Ask you, what matters to you?

2. Identify positive and achievable, yet challenging goals of care

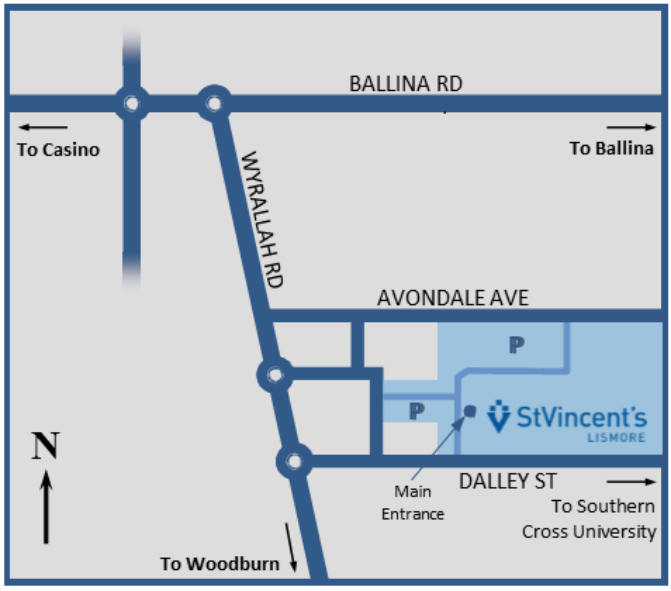
3. Clarify roles and responsibilities in achieving goals of care

4. Communicate and **document** the agreed goals of care

5. Monitor progress towards goals

Comprehensive Care Standard

St Vincent's Private Hospital



Parking & Transport

Patient drop off / pick up zones

There are 10 minute drop off areas located at both entrances of the Hospital and other areas around the campus (see map above).

Parking

Paid parking is available for visitors and patients in four public parking areas during the hours of 8am to 4pm, Monday to Friday. Parking outside of these areas is free. Please refer to the above map for public parking area locations and parking pay stations.

For further information on the use of the ticket machines (including fee structure) or accessing our shuttle service, please visit our website at: http://www.svh.org.au/patients-visitors/parking/

St Vincent's Private Hospital: Main Entrance**:** 20 Dalley Street, Lismore
Patient Admissions Entrance: 61 Avondale Avenue, Lismore
Postal Address: PO Box 572, Lismore 2480 NSW
Contact: Phone: 02 6627 9600 Fax: 02 6622 4298
Website: www.svh.org.au

StVincent's
LISMORE

LNDMF0016 Rev Feb 24

StVincent's LISMORE

PATIENT REGISTRATION FORM

To be completed by the patient (or support person) and returned immediately to confirm your booking

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Date of Birth: Gender: M ❑ F ❑

PATIENT DETAILS

Title: (please circle) Mr / Mrs / Ms / Miss / Dr /	Phone (Home):
Surname:	Phone (Work):
Previous Surname:	Phone (Mobile):
Given Names:	May we leave a voice message / SMS alert? ❑ Yes ❑ No ❑ N/A
Sex at birth: Gender identify as:	Email:
Date of Birth:	Marital Status: ❑ Single (never married) ❑ Married ❑ Defacto
Residential Address:	❑ Widowed ❑ Divorced ❑ Separated
	Occupation:
Suburb: Post Code:	Religion:
Postal Address (if different from above):	Country of Birth:
	Are you (is the person) of Aboriginal or Torres Strait Islander origin?
Suburb: Post Code:	❑ No ❑ Yes, Aboriginal ❑ Yes, Torres Strait Islander
Have you been a patient at St Vincent's before? ❑ Yes ❑ No	❑ Yes, both Aboriginal and Torres Strait Islander
Have you been a patient in any hospital within the last 28 days?	Preferred Language: Interpreter: ❑ Yes ❑ No
This Hospital: ❑ Yes ❑ No Other Hospital: ❑ Yes ❑ No	Are you an Australian Resident? ❑ Yes ❑ No

MEDICAL OFFICER DETAILS

Admitting Doctor:	Local Doctor:
Date of Surgery: Admission Date:	Address:
Referring Dr:	Suburb: Post Code:
Address:	Phone: Fax:

MEDICARE CARD DETAILS

Medicare No. ☐☐☐☐☐☐☐☐☐☐ Reference No. ☐ (in front of your name on the card) Exp:...../.....

CONCESSION CARD DETAILS

Do you have any type of pension/concessional benefits card?

❑ No ❑ Health Care Card (Green) ❑ Pensioner Concession Card (Blue) ❑ Commonwealth Seniors Card (Orange)

Benefit Card No: Benefit Card Expiry date: / /

Have you reached the PBS Safety Net for Pharmaceuticals? ❑ Yes ❑ No

Type of Card: ❑ SN Entitlement Card Card No: SN

❑ CN Concessional Card Card No: CN

DVA Card No: DVA Card Colour (please circle): Gold / White / Orange Exp: /

Details of cover (white card only):

HEALTH INSURANCE DETAILS

If using Private Health Cover, please confirm these details with your Fund prior to completion

Insurance Type: ❑ Private Health Fund ❑ Self Funded

Health Fund: Table:

Membership No: Do you have an excess or co-payments? ❑ Yes ❑ No Amount: $

Have you changed your level of insurance cover in the last 12 months? ❑ Yes ❑ No

BINDING MARGIN – DO NOT WRITE

PATIENT REGISTRATION FORM

StVincent's LISMORE

PATIENT REGISTRATION FORM

To be completed by the patient (or support person) and returned immediately to confirm your booking

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Date of Birth: Gender: M ❑ F ❑

NEXT OF KIN / EMERGENCY CONTACT 1

Name: Title:	Relationship to patient:
Address:	Phone (Home):
	Phone (Work):
Suburb: Post Code:	Phone (Mobile):

NEXT OF KIN / EMERGENCY CONTACT 2

Name: Title:	Relationship to patient:
Address:	Phone (Home):
	Phone (Work):
Suburb: Post Code:	Phone (Mobile):

ADVANCED HEALTH DIRECTIVE / ENDURING POWER OF ATTORNEY

Do you have a current Advance Health Directive? ❑ Yes ❑ No

Do you have enduring power of attorney – health and medical guardian? ❑ Yes ❑ No

Name: Relationship: Phone:

WORKERS COMPENSATION / THIRD PARTY

Written approval will be required prior to admission

Claim No.:	Date of Injury/Accident:	
Employer:	Phone No.:	Fax No.:
Address:	Suburb:	Post Code:
Insurance Company:	Phone No.:	Fax No.:
Address:	Suburb:	Post Code:
Contact Person:		

ACCOMMODATION PREFERENCE

St Vincent's cannot guarantee your accommodation preference will be granted as room allocations are based on availability and clinical need

Room Preference: ❑ Shared room ❑ Private room (please be aware that a copayment may be required for a private room)

HOSPITAL INFORMATION

By ticking the following boxes I acknowledge that I have read and understood the following information:

❑ Patient Information Booklet ❑ Australian Charter of Healthcare Rights ❑ St Vincent's Privacy Policy

❑ *During my stay I would like a wellbeing visit from a social contact volunteer (non-religious) or a chaplain*

❑ *I do not wish to receive information about the Hospitals services and activities, including fundraising appeals*

Patient's Signature: ..... **Date:** .....

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 following: ❑ Informed Financial Consent ❑ Payment Information

Person responsible for payment of accounts to sign here:

Name: ..... Signature: ..... Date: .....

Has this form been completed by the patient: ❑ Yes ❑ No

If No, your name: ..... Contact No.: .....

OFFICE USE ONLY

Table:	Membership Financial ❑ Yes ❑ No	Date:
Excess:	Eligibility Confirmed ❑ Yes ❑ No	Signature:
Co-Payment:	Estimate of Costs $	UR No.:
Table joining date:	Patient notified ❑ Yes ❑ No	Admission No.:

PATIENT REGISTRATION FORM

BINDING MARGIN – DO NOT WRITE

StVincent's LISMORE

PATIENT HEALTH QUESTIONNAIRE

(Please complete the following sections to help us plan your care)

(Affix patient identification label here)

UR:

Family Name:

Given Names:

Date of Birth: Gender: M ❒ F ❒

TO BE COMPLETED BY THE PATIENT (or their representative)

Admission Date:..... / ..... / ..... Form completed: ..... / ..... / ..... Are you filling this form out for yourself? Yes ❑ No ❑

If No, name of person completing form: ..... Relationship to patient: .....

Reason for Admission: .....

.....

Medical / Surgical History (attach a list if insufficient space). Please list previous operations, dates and any problems with anaesthetics.

.....

.....

.....

Do you have someone to take you home from hospital and stay with you overnight? Yes ❑ No ❑ .....

ALLERGIES AND ADVERSE REACTIONS

Do you have any allergies or sensitivities? ❑ Yes ❑ No

Have you had an allergic reaction to any drugs, tapes, lotions, latex or rubber, foods (e.g. peanuts)? Yes ❑ No ❑

If Yes, specify allergy and reaction:

Allergic To:	Reaction	Allergic To:	Reaction

MEDICATIONS (Please tick Yes or No to all of the following questions and provide details as requested)

Please bring to hospital all medications you are currently taking (including complimentary therapies/over the counter medications), in the original packaging and repeat / authority prescriptions. On admission, please bring a list of your current medications from your GP.

	Yes	No	
Do you take or have you recently taken blood thinning medication i.e. Aspirin, Warfarin, Clopidogrel or anti-inflammatory drugs?	❑	❑	Name of Medication: ..... Date last taken: ..... OR still taking ❑ Yes
Are you taking any other prescription or non-prescription medications or complimentary medicines including vitamins / minerals / fish oil / herbal remedies?	❑	❑	If Yes, please list your current medications below *(attach a separate list if insufficient space)*

Medication	Dose/Frequency	Medication	Dose/Frequency

INFECTION CONTROL ASSESSMENT (Please tick Yes or No to all of the following questions and provide details as requested)

	Yes	No	
Have you ever had a multi-resistant infection? (e.g. MRSA, UK-EMRSA, VRE, ESBL)	❑	❑	Specify Type: ..... Year:..... Facility / Hospital? .....
Have you ever had Tuberculosis?	❑	❑	Specify at what age: .....
Have you had any recent vomiting or diarrhoea?	❑	❑	When? .....
Hepatitis	❑	❑	Type:..... Year:.....
Admitted to any overseas hospital in the last 12 months?	❑	❑	When / where?
Have you ever been notified you may be at risk of Creutzfeldt-Jakob Disease (CJD)?	❑	❑	If family history of CJD, please specify who: ..... If other Prion Disease: has a genetic cause been excluded? ❑ Yes ❑ No
Do you have a family history of 2 or more first degree relatives with CJD or other Prion Disease?	❑	❑	
Have you been involved in a "Look Back: study for CJD or are you in possession of a "Medical in Confidence letter" regarding risk of CJD?	❑	❑	
Have you received human pituitary growth hormone treatment for infertility or growth hormone for short stature, prior to 1986?	❑	❑	When? ..... Why? .....
Have you had surgery on the brain or spinal cord before 1990 that may have involved a Dura Mater graft?	❑	❑	Surgeon: ..... Hospital: ..... Year:.....
Do you have a pre-existing neurological disease that is awaiting medical assessment?	❑	❑	Specify: ....

BINDING MARGIN – DO NOT WRITE

PATIENT HEALTH QUESTIONNAIRE

StVincent's LISMORE

PATIENT HEALTH QUESTIONNAIRE

(Please complete the following sections to help us plan your care)

(Affix patient identification label here)

UR:

Family Name:

Given Names:

Date of Birth: Gender: M ❒ F ❒

Do you have any of the following? If **Yes**, please provide further details in the right hand column		
Chest pain / Heart attack / Angina	❑ Yes ❑ No	Details:
High blood pressure	❑ Yes ❑ No	Medication ❑ Yes ❑ No
❑ Pacemaker ❑ Implantable defibrillator	❑ Yes ❑ No	Bring your ID card for staff to copy
Palpitations / Irregular heartbeat / Heart murmur	❑ Yes ❑ No	Medication ❑ Yes ❑ No
Rheumatic Fever	❑ Yes ❑ No	If yes, year?.....
Shortness of breath / chest pain after exercising or climbing stairs	❑ Yes ❑ No	Medication ❑ Yes ❑ No
Asthma	❑ Yes ❑ No	Last attack:..... Medication ❑ Yes ❑ No
❑ COPD ❑ Emphysema ❑ Lung disease	❑ Yes ❑ No	Details:
Sleep apnoea	❑ Yes ❑ No	CPAP: ❑ Yes ❑ No (If yes, please bring CPAP machine)
Stroke / Mini stroke (TIA)	❑ Yes ❑ No	Specify any residual weakness / symptoms:
❑Multiple Sclerosis ❑Motor Neuron's ❑Parkinson's	❑ Yes ❑ No	
Faints / Blackouts / Dizzy spells	❑ Yes ❑ No	Details:
Epilepsy / Fits / Seizures	❑ Yes ❑ No	Last occurrence:..... Medication ❑ Yes ❑ No
Fallen in last 12 months	❑ Yes ❑ No	Details:
Mobility issues / walking aids	❑ Yes ❑ No	Details:
❑ Short term memory loss ❑ Confusion	❑ Yes ❑ No	
❑ Diagnosed Dementia	❑ Yes ❑ No	
Diabetes : ❑ Pre-diabetes ❑ Type 1 ❑ Type 2	❑ Yes ❑ No	Managed by: ❑ Diet ❑ Tablets ❑ Insulin
Comorbidities related to your diabetes? (e.g. neuropathy, retinopathy, PVD, renal failure)	❑ Yes ❑ No	Details:
Blood / Clotting problems	❑ Yes ❑ No	Details:
Have you ever had blood clots (i.e. DVT or PE)?	❑ Yes ❑ No	Year:..... ❑ Legs (DVT) ❑ Lungs (PE)
Have you ever had a blood transfusion?	❑ Yes ❑ No	Year:..... Did you have a reaction? ❑ Yes ❑ No
❑Reflux ❑Stomach/duodenal ulcers ❑Hiatus hernia	❑ Yes ❑ No	Medication ❑ Yes ❑ No
Chronic bowel disease (Crohn's, Ulcerative Colitis)	❑ Yes ❑ No	Details:
Chronic kidney disease	❑ Yes ❑ No	Dialysis ❑ Yes ❑ No
Special dietary requirements	❑ Yes ❑ No	Details:
Have you ever smoked tobacco?	❑ Yes ❑ No	If Yes, have you smoked in the last 30 days? ❑ Yes ❑ No
Do you take recreational (party) drugs?	❑ Yes ❑ No	What do you take and how often?
Do you drink alcohol?	❑ Yes ❑ No	Circle standard drinks per day Nil 1-2 3-4 4+
Arthritis	❑ Yes ❑ No	❑ Rheumatoid ❑ Osteoarthritis ❑ Other .....
Implants or prostheses? (e.g. joint replacement, vascular stents, cardiac stents / valves)	❑ Yes ❑ No	Details:
Impaired: ❑ Vision (Left / Right) ❑ Hearing (Left / Right)	❑ Yes ❑ No ❑ Yes ❑ No	Specify aids:
Dental treatment	❑ Yes ❑ No	❑ Caps ❑ Crowns ❑ Dentures ❑ Implants ❑ Loose teeth
Have you or any family members had reactions to anaesthetic? (e.g. malignant hyperthermia)	❑ Yes ❑ No	Details:
Difficulty swallowing, opening mouth or moving neck	❑ Yes ❑ No	Details:
Have you had any lymph nodes removed?	❑ Yes ❑ No	Site (e.g. axilla-under arm, groin):
Are you currently taking any cytotoxic medication?	❑ Yes ❑ No	Date of last dose: ..... / ...../ .....
❑ Anxiety ❑ Depression ❑ Emotional disorders	❑ Yes ❑ No	Medication ❑ Yes ❑ No
Female patients – could you be pregnant?	❑ Yes ❑ No	Date of last period:...../...../.....

Patient weight: ..... Kg Patient height:.....cm / ft (confirmed on admission) BMI: ..... (Nurse to complete)

Office Use Only: (Nurse to initial each action) Form reviewed by Nurse: ...../...../ ..... (sign).....

Commence Infection Control Care Plan? ..... Complete OR Risk Alert Form? ❑ Yes ❑ N/A .....

ICC Contacted (ICC Notification Form)? ..... **ID Alert Bands:** (please circle) **RED** **WHITE** .....

PATIENT HEALTH QUESTIONNAIRE

BINDING MARGIN – DO NOT WRITE

StVincent's LISMORE

REQUEST/CONSENT FOR MEDICAL PROCEDURE/TREATMENT

UR:

Family Name:

Given Names:

Date of Birth: Gender: M ❑ F ❑

❑ Day Only

❑ In-Patient

❑ DOH
❑ DVA
❑ Workers Comp
❑ Private
❑ Uninsured

ADULT

(For patients 14 years and above – not for Guardianship Act purposes)

PROVISION OF INFORMATION TO PATIENT — **To be completed by Medical Practitioner**

I, Dr ..... have discussed with this patient the various ways
INSERT NAME OF MEDICAL PRACTITIONER

of treating the patient's present condition including the following proposed procedure/treatment

.....
insert site name and reasons for procedure or treatment; do not use abbreviations

.....

Planned CMBS Item Number(s) .....

I have informed this patient of the matters as detailed below including the nature, likely results, and material risks of the proposed procedure or treatment.

	SIGNATURE OF MEDICAL PRACTITIONER	...../...../20..... DATE	..... TIME
Interpreter present*	SIGNATURE OF INTERPRETER	...../...../20..... DATE	..... TIME

PATIENT CONSENT — **To be completed by Patient**

Dr ..... and I have discussed my present condition and the various
INSERT NAME OF MEDICAL PRACTITIONER

ways in which it might be treated, including the above procedure or treatment.

The doctor has told me that:

- the procedure/treatment carries some risks and that complications may occur;
- an anaesthetic, medicines, or blood transfusion may be needed, and these may have some risks;
- additional procedures or treatments may be needed if the doctor finds something unexpected;
- the procedure/treatment may not give the expected result even though the procedure/treatment is carried out with due professional care.

I understand the nature of the procedure and that undergoing the procedure/treatment carries risks.

I have had the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions.

I understand that I may withdraw my consent.

I also consent to anaesthetics, medicines or other treatments, which could be related to this procedure/treatment.

I **request and consent** to the procedure/treatment described above for me.

I **also consent to a transfusion of blood and/or blood products** if needed.

SIGNATURE OF PATIENT	PRINT NAME OF PATIENT	...../...../20..... DATE	..... TIME

OR

I **request and consent** to the procedure/treatment described above for me.

I **do not consent to a transfusion of blood and/or blood products** if needed.

SIGNATURE OF PATIENT	PRINT NAME OF PATIENT	...../...../20..... DATE	..... TIME

BINDING MARGIN – DO NOT WRITE

CONSENT FOR MEDICAL PROCEDURE / TREATMENT (ADULTS)

DELETE IF NOT REQUIRED *(This part must be countersigned by your doctor if retained)*

While I consent to the proposed procedure/treatment, after discussing this matter with the doctor, I refuse consent to the following aspects of the recommended procedure/treatment:

.....

insert objection

..... *Medical Practitioner's Acknowledgment* .....

USE OF REMOVED TISSUE

I understand that the proposed procedure may involve the removal of some bodily tissue, which may be required for the diagnosis or management of my condition.

I **consent/do not consent*** to such tissue being used for any medical, therapeutic or scientific purpose, in addition to purposes related to the diagnosis or management of my condition.

My consent is conditional on the following terms:

.....

(insert terms if any)

This consent extends only to tissue, which is removed for the purposes of the above procedure.

..../...../20.....

SIGNATURE OF PATIENT | PRINT NAME OF PATIENT | DATE

BINDING MARGIN – DO NOT WRITE

SVH037 Rev Feb 23

*Delete where not applicable

StVincent's LISMORE

Date of Admission:
Date of Surgery:

PRE – ADMISSION CLINICAL REFERRAL

TO BE COMPLETED BY THE MEDICAL OFFICER

Surname: _____ First Name: _____ D.O.B: _____

Attending Medical Officer: _____

Provisional Diagnosis: _____

Proposed Operation/Treatment: _____

Explained to patient and consent complete: ❑ Estimated Operating Time: _____ Hours ____ Minutes

LENGTH OF STAY: Please note all patients will be admitted on the **day of their procedure** unless a suitable reason is provided.

❑ Admit _____ day/s prior to procedure. **Reason:** _____

❑ **DAY ONLY SURGERY** _____

❑ **1 NIGHT** (Extended Day Only 23 hours) _____

❑ **> 1 NIGHT Est. Length of Stay _____ Nights**

ANAESTHETIC INFO:

❑ Suitable for Local Anaesthesia ❑ HDU Bed required

❑ Cease Aspirin _____ Days Preop ❑ Cease Clopidogrel _____ Days Preop

❑ Anticoagulant Medication _____ Cease _____ Days Preop

❑ Diabetic Medication _____ Cease _____ Days Preop

This patient requires a pre-operative anaesthetic consult Yes ☐ No ☐

ALLERGIES (Drugs, Latex, Dressings):

CO-MORBIDITIES:	**CURRENT MEDICATIONS**

INVESTIGATIONS REQUIRED (apart from routine Preop guidelines):

OTHER PREOP INSTRUCTIONS / TREATMENT ON ADMISSION / EQUIPMENT REQUIRED:

Name: (Please Print) _____ Designation: _____

Signature: _____ Date: _____

BINDING MARGIN - DO NOT WRITE