

PRE-ADMISSION | Patient Information

ADMISSION DATE

It is important that we receive these completed forms as soon as possible following your visit to your Doctor. They must be received no later than 7 working days prior to your planned admission.

Pre-admission is an important part of your day hospital care. To ensure we can confirm your admission, health insurance and other details/arrangements, we ask that you:

- Complete the Pre-Admission & Medical History forms - see over on pages 3-6
- Please remove and complete the centre black and white sheet and forward immediately to North Shore Specialist Day Hospital in one of the following ways:

**1 IN PERSON**

Reception  
Level 1, 176 Pacific Highway, Greenwich  
The reception desk is open 7.00am to 4.30pm Monday to Friday

**2 FAX TO 9425 1655**

Please remember to bring the original forms on the Day of Admission.

**3 POST**

North Shore Specialist Day Hospital  
176 Pacific Highway, Greenwich 2065

- It is important that you give us your:
  - Medicare number
  - Health Fund details
  - Pension/Health Care Card details
  - Repatriation/Veteran Affairs details
 on the Pre-Admission Forms so that these may be verified prior to your admission.
- If your account is subject to Work Cover or a Third Party Claim, please forward full details of the claim, including a letter from your Insurance Company accepting liability for this admission, along with your completed Pre-Admission Forms.

**\* If you have any questions about your planned day surgery admission, the completion of these forms, cost or health insurance status, our staff will be happy to assist you.**

**\* Your Doctor will explain your procedure and complete the consent form with you.**

**\* On the day prior to Admission, a staff member from North Shore Specialist Day Hospital will call you to verify your admission and fasting times.**

PATIENT INFORMATION FOR DAY OF ADMISSION [unless your Doctor gives you special instructions]

FASTING	DO NOT eat or drink anything (food and fluid) for six hours prior to your admission time. (You may brush your teeth, but do not swallow any fluid)	
	SMOKING	DO NOT smoke cigarettes or chew gum. (Smoking is not permitted at North Shore Specialist Day Hospital in line with NSW Health legislation).
	MAKE-UP	DO NOT wear make-up, nail polish or perfume.
	VALUABLES	DO NOT wear jewellery or bring valuables with you. North Shore Specialist Day Hospital cannot be held responsible for the loss of such items. (A wedding ring and watch are permitted and it is suggested that a small receptacle such as a zippered purse or wallet be brought along in which to place such items).
CLOTHING	Please wear loose comfortable clothing that is easy to remove.	
LENSES	If you wear contact lenses, they will have to be removed before your procedure, so please bring your lens case for safe storage.	
TRAVEL	<p>You must organise an escort to accompany you home after your surgery. A responsible person must remain with you overnight after your surgery as well. We cannot admit patients to the facility without an escort or carer. Your escort will need to collect you from the Recovery Room at the time of your discharge.</p> <p>You should organise your transport arrangements prior to admission as you will not be able to drive for at least 24 hours post surgery.</p>	
MEDICATIONS	Please take your usual medications with a sip of water. (Diabetic patients should not take their insulin or oral hypoglycaemics on the morning of surgery. Please bring these medications with you to be taken after surgery).	
SCANS/X-RAYS	You must bring any scans/x-rays relevant to your surgery with you on the day of admission.	
LENGTH OF STAY	Please check with admissions staff regarding your expected length of stay and expected discharge time. The Recovery Room staff will call your nominated escort once you have recovered from your surgery to advise them of your discharge time.	
INTERPRETER SERVICES	If you have difficulty speaking or understanding English, and you do not have a relative who can speak English available on the day of your admission to accompany you, then you can access interpreter services from the NSW Health Care Interpreter Service on free call number 131 450. This service can be utilised free of charge but must be arranged prior to your admission day.	

**Please keep the outer colour pages of this document for your information. Pull out the completed centre pages - Admission Form and Medical History, and return the form to North Shore Specialist Day Hospital as soon as possible.**



**PRE-ADMISSION SUMMARY TO BE COMPLETED BY SPECIALIST**

PROVISIONAL DIAGNOSIS

PROVISIONAL ITEM NUMBERS TO BE COMPLETED

OPERATION DATE

RELEVANT HISTORY [COMORBIDITIES]

PHYSICAL EXAMINATION

SPECIFIC PRE-OPERATIVE INSTRUCTIONS

INTERPRETER

I, \_\_\_\_\_, an accredited interpreter have accurately interpreted the advice given by the Doctor named below [name of patient] \_\_\_\_\_

INTERPRETER SIGNATURE

DOCTOR SIGNATURE

DATE

**DOCTOR STATEMENT**

I, Dr \_\_\_\_\_ have discussed with my patient \_\_\_\_\_ /their parent/guardian, their present condition, alternative treatments available and explained the benefits and material risks of the proposed operation/procedure/treatment.

DOCTOR SIGNATURE

DATE

**REQUEST FOR SURGICAL OPERATION/PROCEDURE &/OR MEDICAL TREATMENT**

I, \_\_\_\_\_ [PATIENT/GUARDIAN] have discussed the operation/procedure/treatment of \_\_\_\_\_

with the Doctor named above and request the above operation/procedure/treatment to be performed.

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 consent  / I DO NOT consent  to blood transfusions if required during the operation/procedure/treatment.

SIGNED

PATIENT/GUARDIAN

DATE

SIGNED

WITNESS

WITNESS PRINT NAME

**ON ADMISSION**

I understand that Dr \_\_\_\_\_ will be attending me as the patient and I agree to him/her performing the operation/procedure/treatment.

PATIENT/GUARDIAN SIGNATURE

DATE

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PULL OUT & RETURN

# MEDICAL HISTORY to be completed by the patient

LIST PREVIOUS OPERATIONS

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HAVE YOU EXPERIENCED AN ADVERSE REACTION DURING ANAESTHESIA (GENERAL OR LOCAL) YES  NO

HAS ANY OF YOUR FAMILY EXPERIENCED AN ADVERSE EVENT DURING ANAESTHESIA YES  NO

PLEASE LIST CURRENT MEDICATIONS INCLUDING ANY NON-PRESCRIBED MEDICATIONS SUCH AS VITAMINS, HERBS, NATURAL OR TRADITIONAL THERAPIES

MEDICATION/DRUG NAME	STRENGTH	NO. TAKEN	HOW OFTEN

DO YOU SUFFER FROM, OR HAVE YOU EVER HAD, ANY OF THE FOLLOWING?

<input type="checkbox"/> ASTHMA OR LUNG DISEASE	<input type="checkbox"/> SLEEP APNOEA	<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> BLOOD CLOTS
<input type="checkbox"/> HEART PROBLEMS	<input type="checkbox"/> CHEST PAIN	<input type="checkbox"/> ANAEMIA	DO YOU HAVE A PACEMAKER? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> HEPATITIS B OR C	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> DIABETES - IDDM/NIDDM	
<input type="checkbox"/> KIDNEY DISEASE	<input type="checkbox"/> BACK OR HIP PROBLEMS	<input type="checkbox"/> FITS/EPILEPSY	DATE LAST FIT    /    /

HAVE YOU EVER USED IV OR RECREATIONAL DRUGS? YES  NO

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS/PHYSICAL DISABILITY THAT MAY AFFECT YOUR PROCEDURE WITH US? YES  NO   
IF YES, PLEASE LIST.

ARE YOU ALLERGIC TO ANY MEDICATIONS OR DRESSINGS? YES  NO  IF YES, PLEASE LIST.

DO YOU DRINK ALCOHOL? YES  NO  HOW MUCH EACH DAY? \_\_\_\_\_ STANDARD DRINKS

DO YOU SMOKE? YES  NO  HOW MANY EACH DAY? \_\_\_\_\_ CIGARETTES/CIGARS/PIPES

ARE YOU PREGNANT? YES  NO  HEIGHT IN CMS \_\_\_\_\_ WEIGHT IN KGS \_\_\_\_\_

HAVE YOU USED STEROID/CORTISONE MEDICATION IN THE PAST 6 MONTHS? YES  NO

HAVE YOU TAKEN ANY BLOOD THINNING MEDICATION THIS WEEK? YES  NO

HAVE YOU HAD A HEAD COLD OR FLU IN THE LAST TWO WEEKS? YES  NO

CJD RISK ASSESSMENT	YES	NO
DID YOU RECEIVE A DURA MATER GRAFT BETWEEN 1972 AND 1989?		
HAVE YOU HAD 2 OR MORE FIRST DEGREE RELATIVES SUFFERING FROM CREUTZFELDT-JAKOB DISEASE?		
DID YOU RECEIVE HUMAN PITUITARY GROWTH HORMONE PRIOR TO 1986?		

PATIENT/GUARDIAN SIGNATURE	DATE
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## PRIVACY INFORMATION STATEMENT North Shore Specialist Day Hospital

In order to provide your medical treatment, the North Shore Specialist Day Hospital will need to collect and use personal information about you. The information we may need to collect and how it will be used, including possible disclosure to third parties and rights you have in relation to that information is explained in this statement. We appreciate the sensitivity of personal health information and undertake to keep your information confidential and use it only as outlined below.

### 1. Collection

The North Shore Specialist Day Hospital and its medical practitioners and staff will collect the information that is necessary for us to provide advice and treatment to you. This information may include:

- your medical history;
- your family medical history;
- your symptoms, diagnosis and recommended treatment;
- ethnicity;
- contact details;
- Medicare/private health fund details; and
- billing/account details.

The information will normally be collected directly from you. There may be occasions when we will need to obtain information from other sources, including other medical practitioners or health providers and with your consent, from family members.

### 2. Use & Disclosure

The North Shore Specialist Day Hospital and its medical practitioners and staff will use and disclose your personal information for a range of purposes related to your treatment. These purposes may include:

- Disclosure of your information within the treating team for the purposes of your treatment;
- Communication with referring medical practitioners;
- Referral to another medical practitioner, hospital or health provider;

- Sending of specimens for analysis;
- Account keeping and billing, including Medicare and private health insurance claims;
- The management of our practice, including quality assurance and practice accreditation;
- Complaints handling and notification to our insurers;
- Disclosure to third parties where legally required to do so, such as producing documents in answer to a court subpoena or mandatory reporting of certain notifiable diseases.

In addition, we may use non-identifying information taken from your medical file for data analysis and research.

### 3. Access

Except in a very limited range of circumstances recognised under relevant privacy legislation, you are entitled to access your own health records at any time convenient to both yourself and the practice. Your request should be forwarded in writing. A fee will be charged for staff time in retrieving files and photocopying to process the request.

If you dispute the accuracy of the information we have recorded, you should notify us in writing. It is our policy that all steps will be taken to record your corrections, and place them with your file. The original record however will not be erased.

### 4. Consent

If after receiving this privacy information statement, you request treatment from the North Shore Specialist Day Hospital, we will assume you have consented to the collection, use and disclosure of your personal information as described above. If you have any questions or concerns, please do not hesitate to discuss them with one of our staff or your treating medical practitioner.

I have read and agree with the North Shore Specialist Day Hospital privacy information statement.

PATIENT/GUARDIAN SIGNATURE

DATE

### FEES FOR SURGERY

You will be verbally informed of the estimate of costs for your procedure (*Informed Financial Consent*) the day prior to your admission.

The fees charged by the North Shore Specialist Day Hospital are for the use of the operating theatre, a day-stay accommodation fee, and includes commonly used drugs and dressings. For some surgical procedures, there will also be a charge for prostheses and disposables.

If you have private health insurance, we will claim direct from your health fund on your behalf. If you have excess or a gap with your level of cover, this will need to be paid on admission. If you have only Public Hospital (Basic) cover, this will only cover part of your accommodation, providing you do not have excess. We will get this information from your fund and advise you verbally of any out-of-pocket payments during your phone call the day prior to your admission.

If you do not have Private Health Insurance, you will be asked to pay the account on admission. Our staff will advise you of the cost during your phone call on the day prior to your admission. We accept cash, Visa and Mastercard. We do not accept American Express or personal cheques.

Please note your Surgeon, Anaesthetists and Pathology taken are billed separately to North Shore Specialist Day Hospital. Details about these bills should come directly from their consulting rooms. You will receive separate accounts from your Specialist, Anaesthetist and Pathologist.

### ON ARRIVAL

On the day of admission, we ask you come to Reception on Level 1 where you will be welcomed and your paperwork promptly checked. Our admission staff will also collect any out-of-pocket expenses or Day Hospital fees payable on admission.

### NURSING ADMISSION

The Admissions Nurse will take you down to the pre-operative area. The nurse will confirm with you personal details, details of your procedure and confirm your signature. (These details will be confirmed with you several times prior to your procedure). The nurse will record observations such as blood pressure, pulse, temperature and weight.

### ANAESTHETIST

You will have a consultation with your Anaesthetist. The Doctor will explain the anaesthetic process, ask some questions and carry out a medical examination.

### PROCEDURE ROOM OPERATING SUITE

You will be taken into the operating theatre and introduced to the theatre staff who will be looking after you. The Anaesthetist will then put you to sleep, you will have your procedure and you will wake up in the Recovery Area.

### RECOVERY

As soon as you are alert and stable, you will be assisted to a recliner chair where our nurses will continue to care for you. You will be offered something to eat and drink.

### DISCHARGE

Following surgery, our nursing team will monitor your recovery from the anaesthesia and a doctor will approve your discharge. You will be given written instructions and any medication prescriptions as directed by your doctor. You will need someone to accompany you home, and stay with you for the remainder of the day so you can rest. We do not recommend travelling alone in a taxi or on public transport.

### FEEDBACK

We value your opinion of the care and services the North Shore Specialist Day Hospital provides and we ask you to complete our Patient Satisfaction Survey before you leave – any particular suggestions for improvements or compliments would be welcomed. Most importantly, if you experience any problems during your stay, please ask to see the Clinical Services Manager immediately. If the concern is not resolved to your satisfaction you may wish to contact:

The Health Care Complaints Commission  
Locked Mail Bag 18  
Strawberry Hills NSW 2012  
Tel: 1800 043 159 / [www.hccc.nsw.gov.au](http://www.hccc.nsw.gov.au)

### POST OPERATIVE CARE

The morning after your procedure, a nurse will call you to check how you are feeling and answer any post operative questions you may have. If at any time after the procedure you have any concerns please contact your doctor directly.

## OUR LOCATION



Day Hospital Admission | Level 1 | 176 Pacific Highway Greenwich | T [02] 9425 1678

**SEE DIRECTIONS BELOW FOR HOW TO GET TO US.**

Please note: GPS systems may direct you to the wrong address, as there is another 176 Pacific Highway in North Sydney.

Parking is available on the entry level to the car park.

### TRAVELLING NORTH FROM ST LEONARDS

If you are travelling north on the Pacific Highway (towards Hornsby and away from the city), turn left into Bellevue Avenue, then left into Elcedo Lane. Look for the driveway marked 176 on your left hand side.

### TRAVELLING SOUTH FROM CHATSWOOD

If you are travelling south on the Pacific Highway (towards the city), turn right into Greenwich Road, then right into Bellevue Avenue, proceed through a chicane (marked on map), then immediately right into Elcedo Lane. Look for the driveway marked 176 on your left hand side.

