

Hospital Name:

Admission Request:

INPATIENT ADMISSION REQUEST

DAY ONLY ADMISSION REQUEST

Date of Request for Admission:

Referral completed by:

Designation:

Name:

Private Room Request: Yes  No

Address:

DOB: Age:

Telephone:

Next of kin:

Relationship: Telephone:

Health Fund:

Veteran Affairs N°:

Colour of DVA Card:

Medicare N°:

Expiry Date:

Pension N°:

Rehab Spec: Programme:

Has this patient had previous admissions to this hospital? Yes  No  Year:

Referring Doctor:

Telephone:

Usual GP:

Phone:

Attending Doctor:

Phone:

Attending doctor notified of pre-admission Yes  No

Attending doctor to be phoned when patient arrives Yes  No

Transferring from other hospital: Yes  No

Known infections  HEP  ESBL  VRE  MRPA  N/A

Gastro symptoms in ward last 96 hrs Yes  No

MRSA status: Swabs taken Yes  No

Results: Nose  Groin  Wound  Axillae

Estimated length of stay:

Home situation:

Mobility status:

Discharge Plan:

CONTINENCE/IDC:

Wound/Drain:

Is this admission the result of:

Mini mental or cognitive status:

A fall in the community Yes  No

MVA/workplace accident/insurance claim Yes  No

Insurer name:

Case manager contact:

Claim #

CLEAR FOR

RINT

SUM

Please note the following fax numbers if you choose to print the referral form and send via fax:

## **NSW**

- 1 - Manly Waters Private Hospital **(02) 9977 4319**
- 2 - Delmar Private Hospital **(02) 9971 7299**
- 3 - Eastern Suburbs Private Hospital **(02) 8383 7499**
- 4 - Holroyd Private Hospital **(02) 9632 8480**
- 5 - Longueville Private Hospital **(02) 9418 7329**
- 6 - Minchinbury Community Hospital **(02) 9647 9704**
- 7 - President Private Hospital **(02) 9452 0374**
- 8 - The Sydney Private Hospital **(02) 9798 8561**

## **Victoria**

- 9 - Essendon Private Clinic **(03) 9337 0625**
- 10 - Malvern Private Hospital **(03) 9885 9699**
- 11 - The Melbourne Eastern Hospital **(03) 9720 5047**