Admission Request Form

The Wesley HOSPITAL
Caring for you for life

☐ New Request **OR** ☐ Changes Made (Please Tick)

Important: this form is the standard admission form for all elective medical, surgical and procedural patients.
All patient requiring immediate admission must be discussed with the Bed Manager 07 3232 7906
Please return by emailing to: *twh.bookings@uchealth.com.au*
If you require assistance please telephone the Bookings Office on 07 3232 7200

1. Admitting Doctor Contact Details

Admitting Doctor:	Contact Number:
Details provided by:	Date: / /

2. Patient's Details

Title:	Surname:	Given name:
Address:		
Suburb:	Postcode:	D.O.B.
Home Phone:	Mobile:	Business phone:

3. Patient's Insurance

Private Insurer ☐ Medibank ☐ BUPA ☐ Other ..... Membership no.:

☐ MEDICARE Membership no.: Ref. no.: Expiry:

☐ VETERAN DVA card no.: White Card approval no.:

☐ WORKCOVER Claim no.: ☐ **Uninsured**

4. Admission Details

Admission date: / /	Admission time: ☐am ☐pm	Procedure date:

***IF ADMITTING DAY BEFORE PROC/OT please provide reason:** .....

☐ Day patient	☐ Overnight patient	Estimated length of stay:

Admission Diagnosis / Indication for procedure 1.

Procedure 2.

Other significant medical issues:

Is the patient? (please tick) ☐ Severely Immunocompromised ☐ Obese BMI or Weight ..... KGs ☐ Confused ☐ Diabetic ☐ Limited Mobility

Prov. MBS Item nos. (If not outlined in standing orders):

Procedure time: ☐am ☐pm | Procedure length: ..... Hours ..... Minutes

Anaesthetist: ..... ☐ Local ☐ General ☐ IVS ☐ Epidural ☐ Reg Block

☐ ICU required ☐ CCU required

5. Infection Control

Has the patient been an inpatient in another facility within the last seven days? ☐ Yes ☐ No

Is there a history of multi resistant infections? ☐ Yes ☐ No

Doctor's Signature: **Date:** / /

If you are unable to email this form please fax it to 07 3232 7503

UnitingCare Health