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 unable to email please fax 07 3232 7503)*

1. Admitting Doctor Contact Details

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

2. Patient's Details

Title:	Surname:	Given name:	D.O.B.
Address:		Suburb:	Postcode:
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:		
Procedure 2:		
Prov. MBS Item nos. (If not outlined in standing orders):		
Procedure time: ☐ am ☐ pm	Procedure length: Hours	Minutes
Anaesthetist:	Anaesthetic Type: ☐ Local ☐ General ☐ IVS ☐ Epidural ☐ Reg Block	
☐ ICU required ☐ CCU required		
Other significant medical issues:		
Is the patient? (please tick & provide details)	☐ Obese ☐ BMI:	&/or Weight in kgs: .....
	☐ Confused:	☐ Limited Mobility:
Allergies:		

☐ Diabetic ☐ Type 1 ☐ Type 2 ☐ insulin infusion required* ☐ insulin pump ☐ insulin ☐ pre-op endocrinology review arranged ☐ insulin pump to remain insitu during procedure ☐ pre-op insulin plan discussed with patient

***patients requiring an insulin infusion must be admitted to the ward the night before a procedure (if on a.m. list) or the morning of the procedure (if on p.m. list) to allow for endocrine review and infusion set-up**

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 require assistance please telephone the Bookings Office on 07 3232 7200

UnitingCare

V9_04.10.18