

Alfred  Caulfield  Sandringham

Unit: .....

UR:

Family Name

Given Names

Address

Date of Birth  Gender:  Male  Female

## ADMISSION REQUEST

PATIENT	
Patient Phone(s) _____	Email _____
Medicare Number _____	Reliance on transport support <input type="checkbox"/> YES <input type="checkbox"/> NO
Aboriginal or Torres Strait Islander <input type="checkbox"/> YES	Exp Date _____ Card Ref _____
Do you need an interpreter when discussing medical information <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO <input type="checkbox"/> Not Specified
Language _____	
Cultural / disability supports _____	
Parent / Guardian / Carer Name/s (if applicable) _____	Phone/s _____
CLASSIFICATION	
<input type="checkbox"/> Public	<input type="checkbox"/> TAC <input type="checkbox"/> DVA <input type="checkbox"/> Self Funded
<input type="checkbox"/> Private Health Insurance	<input type="checkbox"/> WorkCover <input type="checkbox"/> Overseas
GP Name _____	
GP Address _____	
GP Phone _____	GP Fax _____
PLANNED SURGERY / PROCEDURE	
Wait list Unit _____	Wait list Consultant Name _____
Diagnosis _____	
Proposed Surgery / Procedure _____	
Specific equipment required for theatre _____	
Image Intensifier <input type="checkbox"/> YES <input type="checkbox"/> NO	Urgency / Category <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Day Case <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, length of stay _____
ICU / HDU required <input type="checkbox"/> YES <input type="checkbox"/> NO	Estimated duration of procedure _____
Investigations / Clinical Notes (eg. on Warfarin) _____	
Health Questionnaire given to patient <input type="checkbox"/> YES <input type="checkbox"/> NO	
PreAdmission Clinic appointment required <input type="checkbox"/> YES <input type="checkbox"/> NO	Ready for surgery status _____
ADMISSION	
Campus for Surgery <input type="checkbox"/> The Alfred <input type="checkbox"/> Alfred Centre <input type="checkbox"/> Sandringham Hospital	
Medical Day Unit <input type="checkbox"/> YES <input type="checkbox"/> NO	Admission Date: ..... / ..... / ..... Time: ..... : ..... hrs
REFERRAL DETAILS	
Referrers Address _____	<input type="checkbox"/> Private Rooms _____
or <input type="checkbox"/> Alfred OPD	<input type="checkbox"/> Alfred Health Other Unit _____
<input type="checkbox"/> Sandringham OPD	<input type="checkbox"/> Other hospital _____
Phone: _____	Fax: _____ Provider Number: _____

Print Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: ..... / ..... / .....



11/19

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TAHAHEMFB03

ADMISSION REQUEST

11/19

MR B13

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## CONSENT TO PROCEDURE

### YOUR PROCEDURE

Diagnosis / Condition

Recommended Procedure

### Procedure Recommended by

<p><b>General Procedural Risks</b> (clinician to strike through whichever does not apply)</p> <ul style="list-style-type: none"> <li>• Pain or discomfort</li> <li>• Bleeding, during or after the procedure</li> <li>• Infection of the surgical site or other system</li> <li>• Blood clot in the leg (DVT) or lung (PE)</li> <li>• Damage to surrounding structures</li> <li>• Allergic and drug reactions</li> <li>• Suboptimal outcome, including long-term disability</li> <li>• Need for further surgery or other procedures</li> <li>• All procedures carry the risk of death from surgical and / or anaesthetic complications</li> </ul>	<p><b>Specific Procedural Risks include, but not exclusively;</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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I have explained the nature of the procedure, the risks of not having the procedure, alternatives and both the general and specific risks of this procedure

Consenting Practitioner \_\_\_\_\_ Designation \_\_\_\_\_

Signature \_\_\_\_\_ Date ..... / ..... / .....

### BASIC ANAESTHETIC INFORMATION

**General Anaesthetic Risks may include the following;**

<ul style="list-style-type: none"> <li>• Sore throat / hoarse voice / damage to teeth</li> <li>• Nausea / vomiting</li> <li>• Brain injury / stroke / nerve damage</li> <li>• Lung problems / aspiration / pneumonia</li> </ul>	<ul style="list-style-type: none"> <li>• Confusion / altered memory</li> <li>• Heart problems / arrhythmia / cardiac arrest</li> <li>• Awareness under anaesthesia</li> </ul>
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You will have an opportunity to discuss these in more detail with an anaesthetist prior to your procedure

### PATIENT

Patient able to consent?  NO  YES

Is there a relevant instructional directive?  NO  YES

Medical Treatment Decision Maker (MTDM) to consent

Relationship to the patient \_\_\_\_\_

Phone \_\_\_\_\_

I \_\_\_\_\_ (Patient / MTDM) agree to the following;

- that the medical practitioner who originally saw me / the patient, or who placed me / the patient on the waiting list may not be the person who performs the procedure(s), which may be undertaken by a specialist in training;

I also agree to the following; [strike through if you do not agree]

- blood transfusions including blood and blood products<sup>1</sup> required in association with this operation, procedure or medical treatment;
- the removal of tissue during the procedure to assist doctors for diagnostic and treatment purposes and for the tissue to be kept for pathological examination, quality procedures, training and / or ethically approved research; and, if required, careful and appropriate disposal of removed tissue;
- intraoperative clinical photography, for the purposes of education, quality improvement and ongoing management;
- medicines, or other forms of treatment normally associated with this procedure, including admission to the Intensive Care Unit if required

I have received written information

I have understood what has been explained to me regarding either my or the patient's condition, risks and alternatives, have had the opportunity to ask relevant questions and hereby consent to the recommended procedure.

I understand that I have been given an urgency category and will be booked for the procedure accordingly.

Signature \_\_\_\_\_ Date ..... / ..... / .....

### INTERPRETER

Professional interpreter used to obtain consent?  YES  NO

If yes: Name of interpreter \_\_\_\_\_  In-person  Telephone  Video

<sup>1</sup> Blood products include red cells, platelets, fresh frozen plasma and cryoprecipitate. Patient information available in Alfred Health Blood Transfusion brochure



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CONSENT TO PROCEDURE

MR B20