

Surgical Pre-Admission



Please complete the two forms at the back of the booklet, and return them either by fax, post or deliver them to the Hospital as soon as possible.

The Hospital will attempt to telephone you before your admission to confirm your information.

Thank you for choosing Mitcham Private Hospital.

Admission Date : _____ Admission Time : _____ Fasting Time : _____

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Please remove and complete the two forms (MR's 101 & 306) and return to Mitcham Private Hospital at least 3 days prior to Admission

If this is not possible please call the Hospital on 03 9210 3222 and ask for Pre Admissions.

Remember your Admission is not booked until Mitcham Private Hospital receives the forms:

- **MR 101 PRE ADMISSION REGISTRATION**
- **MR 306 MEDICAL HISTORY**

WHAT TO BRING INTO HOSPITAL

- | | |
|---|--|
| <input type="checkbox"/> HEALTH FUND DETAILS | <input type="checkbox"/> PACEMAKER DETAILS |
| <input type="checkbox"/> MEDICARE CARD | <input type="checkbox"/> COPY OF INTERNATIONAL PASSPORT (IF OVERSEAS NATIONAL) |
| <input type="checkbox"/> AMBULANCE DETAILS | <input type="checkbox"/> CURRENT MEDICATION IN ORIGINAL PACKAGING |
| <input type="checkbox"/> DVA CARD | <input type="checkbox"/> A CURRENT LIST OF MEDICATIONS |
| <input type="checkbox"/> LETTER OF APPROVAL WORKCOVER / TAC | |
| <input type="checkbox"/> PHARMACY ENTITLEMENT CARD | |
| <input type="checkbox"/> RELEVANT X-RAY SCANS | |

If you wish to discuss any of the information contained in this Booklet, please contact Mitcham Private Hospital on: **03 9210 3222**

IMPORTANT:

FORMS MUST BE RETURNED IMMEDIATELY TO CONFIRM BOOKING

Online Registration

Mitcham Private Hospital now provides an online registration for your convenience. You can now submit your details online via a secure link on our website:

www.mitchamprivate.com.au. The link is located at the bottom left-hand side of the homepage. This is clearly labelled **Online Admission Form** and replaces the MR 101 Pre-Admission Registration form (page 7) and the MR 306 Patient History form (pages 9-10) in this booklet.

The advantages of completing your details online are:

- You are able to amend your form prior to submission
- You can access the Pre-Admission forms at any time using personal identification

The information you submit is valid for future admissions, thus you avoid administrative repetition.

Surgical Information

Prior to Admission

Please complete the admission forms and post, fax or deliver them to the hospital as soon as possible. If it is less than 48 hours prior to admission please fax forms to 9210 3223 or phone 9210 3222.

We recommend that prior to admission you consider the following:

You should ensure that you have someone to collect and accompany you home after the procedure. It is also important that you have arranged for a responsible adult to be with you at home for a period of time following your discharge.

You will need to consider how you will manage daily activities, such as personal care, meals, shopping etc after discharge.

This requires some thought, planning and involvement of family and friends. It may be appropriate to discuss the timing of your surgery with your support people to ensure that they are available. It is often possible to schedule surgery at a more convenient date and this should be discussed with your doctor.

If you need further guidance in this matter, please **contact the hospital on 9210 3222**.

On the Day of Admission

Please bring for Overnight Admissions:

- Nightgown and/or pyjamas
- Dressing gown and slippers
- Personal toiletries (soap, shampoo etc)
- **Current medications in original packaging**

- Personal details including Medicare card, Health Insurance details/book/card, Veterans Affairs and Pharmaceutical entitlements (if applicable)
- Relevant recent X-rays

On the day of admission:

- DO NOT eat or drink anything including water after midnight for morning surgery
- DO NOT eat or drink anything including water after 7am for afternoon surgery (prior to 7am have a light breakfast Eg. tea and toast)
- If in doubt, please contact the hospital prior to admission

The hospital will contact you prior to admission to confirm your admission time.

- DO NOT smoke, chew gum or suck lollies
- DO NOT wear jewellery (wedding ring and watch are permitted)
- DO NOT wear make-up or nail polish

It is important that you have a shower on the day of your surgery, however;

- DO NOT use talcum powder

If you are having an Endoscopy Procedure please bring your referral into the hospital with you on the day of admission. Please follow preparation kit instructions strictly.

Day Patients

If you are coming in to hospital as a day only patient (no overnight stay) then there are a couple of important things to note.

Prior to your discharge you will be given instructions to follow when you get home. These instructions provide information about the routine care required following your procedure. Please clarify any concerns or questions before you leave. At home, if you have any other concerns please contact your doctor or general practitioner.

The major effects of your anaesthetic or sedation wear off quickly, however minor effects on memory, balance and muscle function may persist for some hours. These effects vary from person to person and are not individually predictable. Because of this please note the following.

Important information:

- **You are not permitted to drive within 24 hours after a general anaesthetic or 12 hours after a local anaesthetic**
- **You should be accompanied by a relative or friend from Day Surgery to home and it is strongly advised that an adult stay with you overnight following discharge**
- **You should not operate machinery, schedule any important meetings or sign legal papers for 24 hours after your procedure**

Overnight Patients

For patients staying overnight at hospital, please check the hospital website for information regarding the services and facilities that are available to you during your stay such as internet access, telephones, televisions, visiting hours and other relevant information.

You may be admitted through our Day of Surgery reception area.

General Information

There is some important information that we would like to share with you here about keeping safe and well during your stay in our hospital:

Infection Control

This hospital is committed to providing all patients with the highest quality of care by preventing the spread of infection.

Hand washing, high standards of housekeeping, and the use of sterile techniques and equipment are all part of our service to ensure your speedy recovery and to reduce the risk of infection.

Patients and visitors also have a role to play in reducing the risk of infection to themselves and other patients. Here are a few very simple guidelines:

- Hand hygiene is the most effective way to prevent the spread of infection. Alcohol based handrubs are a very effective form of hand hygiene and are located at strategic locations in the hospital. We encourage all patients and visitors to use these
- We ask that people do not visit the hospital if they have gastroenteritis or other contagious diseases

Falls Prevention

The unfamiliar environment of a hospital combined with the fact that you may be on medication or fatigued can increase the likelihood of falls in hospital. Below are a few ways that you can reduce the risk of falling whilst in hospital:

- Take special care when walking or taking to your feet particularly if you are on pain-relieving drugs or other medications
- Ensure you know the layout of your room and take care when moving around at night. Please use your call bell if you need assistance
- Check the floors in your area to ensure they are not wet before walking. Avoid using talcum powder which makes floors slippery
- Ask your nurses for assistance if you need to use the toilet and feel unsteady on your feet
- Loose or full-length clothing can cause you to trip. Ensure your clothing is the right length for you
- Check that your slippers or other footwear fit securely. If your doctor has requested you to wear pressure stockings then it is a good idea to also wear slippers over the top to reduce the risk that you may slip. Rubber soled slippers are ideal footwear whilst in hospital

Medication Safety

Please provide your nurse with any tablets or medicines (or prescriptions for these) that you have been taking before admission. These will be secured in a personal drug cabinet. Any additional medication you require while in hospital will be ordered by your doctor and supplied to you. When you are discharged, medications that you are required to take will be provided to you to take home.

Pressure Injury Prevention

A pressure injury is a localised injury to the skin and / or underlying tissue, usually located over a bony prominence as a result of unrelieved pressure or friction. They may look minor, such as redness on the skin, but can hide more damage under the skin surface.

It is important that you relieve pressure by keeping active and changing your position frequently when you are lying in bed or sitting in a chair. If you are unable to move by yourself, the staff will help you change your position regularly. Special equipment such as air mattresses and booties may be used to reduce the pressure in particular places.

Tell staff if you have any tenderness, or soreness over a bony area or if you notice any reddened, blistered or broken skin.

Blood Clot Prevention

Blood clotting is the body's natural way of stopping itself from bleeding. Clotting only becomes an issue when it is in the wrong place and blocks blood flow. Being immobile is a big risk in developing a clot and so blood clotting can increase when you are staying in hospital and spending a long time immobile. In addition, there are a number of risk factors to blood clotting including previous strokes, inherited blood clotting abnormalities, lung disease, being overweight, having had major surgery or heart failure, smoking or taking contraceptive medications. If you have any of these risk factors, please alert your doctor or the staff.

While in hospital, staff will assess your risk of developing a clot and may ask you to wear compression stockings or sleeves, or they will provide you with blood thinning medication.

Staying mobile, taking any prescribed medications to reduce your risk of blood clotting, drinking plenty of fluid and avoiding crossing your legs can reduce your risk of clotting.

If you have sudden increased pain or swelling in your legs, pain in your lungs or chest, or difficulty in breathing, please alert your nurse as soon as possible. If these symptoms occur after discharge, seek emergency treatment.

Information about the Hospital

Visiting Hours

The hospital visiting hours are 2:00pm - 8:00pm daily.

If these times are not suitable for particular visitors, other arrangements may be organised with the nurse in charge. Children visiting the hospital are welcome, but we ask that they be accompanied by an adult at all times.

Parking

Free visitor car parking is available.

Meals

Special consideration is taken when planning and providing your meals.

If you have any special dietary requirements, please attach a note with your Registration Forms so that we can cater to your needs.

Meals for partners and visitors are available at a small cost.

During your stay

For overnight patients a bedside telephone is available for your use. Local calls are free of charge. If you wish to phone an STD or mobile number, this can be done by use of a "phoneaway" card. These can be purchased prior to admission or from the Hospital reception (these are available for \$5 and \$10).

Plasma televisions are in each room and are provided free of charge. Foxtel and wireless internet are also provided. Your own laptop will be required or alternatively, Net Kiosk is available. Any mail you receive will be delivered to your room.

Smoking is not permitted in the hospital.

Patient Account Information

Accounts/Fees

If you are a member of a health fund it is important, prior to your admission, to check with it regarding the following:

- That your level of Health Fund Cover adequately covers the cost of the procedure/s and accommodation
- If an excess is payable on admission
- If you have been a member of your Health Fund for less than 12 months your fund may not accept liability for the cost of this admission. Eg. If your condition or any symptoms of your condition existed prior to your joining. If there is a question regarding pre-existing symptoms, your health fund has the option to obtain details in this regard from your GP or specialist

Pharmacy, pathology, imaging and x-ray may incur additional charges. Sundry item charges are payable on discharge. Please note that medical and allied health practitioner's fees may be billed separately by the practitioner.

Informed Financial Consent

On admission, overnight patients may incur a fee for incidentals of \$25.00 that arrangements with Health Funds do not cover.

All patients who have any out of pocket expenses such as excess, co-payments etc. will have the amount confirmed when phoning Pre-Admission on the day prior to their admission.

On admission, all patients will sign an "Informed Financial Consent" Form which outlines the costs associated with their admission to Mitcham Private Hospital.

Payment Procedure

Private Patients - the portion of your estimated hospital account not covered by your health fund, eg. an excess, must be paid on admission. Any additional costs incurred during your stay are payable prior to discharge.

TAC/Workcover/DVA - total payment (aside from any ancillary charges) must be made on admission unless approval for admission has been confirmed.

Self-Insured Patients - total payment (aside from any ancillary charges) must be made on or prior to admission. Any additional costs incurred during your stay are payable prior to discharge.

Discharge Information

Discharge planning is a vital component of your stay at Mitcham Private. If you are having a Day Procedure you will be discharged once you have met all of the appropriate discharge criteria and the nursing staff deem you fit for discharge.

You must arrange to be accompanied home by a responsible adult.

If you are staying overnight or multiple days you will be discharged following the approval of your admitting Doctor.

Discharge time is 9.30am

Should you request a late discharge for other than medical reasons, a late discharge fee may apply.

Working with our patients & their families

At Mitcham Private Hospital we value and support partnering with consumers in order to improve the safety and quality of care. We do this in several different ways:

- We encourage our patients and family members to ask questions about their care and treatment
- We encourage our patients to be actively involved in the handover of their care between nursing shifts
- We ask our patients and their family members to be involved in review of our written patient information and development of new services
- We welcome feedback as it helps us to know where we are doing well and where we need to improve

Feedback cards are available from the nurse's desk.

Valuables

It is strongly recommended that you do not bring jewellery or large amounts of money to hospital. Mitcham Private Hospital does not accept responsibility or liability for any items brought into the hospital.

Our experienced and dedicated staff look forward to caring for you during your stay.

Australian Charter of Healthcare Rights

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in

achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing health care to share an understanding of the rights of people receiving health care. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

Guiding Principles

These three principles describe how this Charter applies in the Australian health system.

- 1** Everyone has the right to be able to access health care and this right is essential for the Charter to be meaningful.
- 2** The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.
- 3** Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.

MY RIGHTS		WHAT THIS MEANS
ACCESS	I have the right to health care.	I can access services to address my healthcare needs.
SAFETY	I have a right to receive safe and high quality care.	I receive safe and high quality health services, provided with professional care, skill and competence.
RESPECT	I have a right to be shown respect, dignity and consideration.	The care provided shows respect to me and my culture, beliefs, values and personal characteristics.
COMMUNICATION	I have a right to be informed about services, treatment, options and costs in a clear and open way.	I receive open, timely and appropriate communication about my health care in a way I can understand.
PARTICIPATION	I have a right to be included in decisions and choices about my care.	I may join in making decisions and choices about my care and about health service planning.
PRIVACY	I have a right to privacy and confidentiality of my personal information.	My personal privacy is maintained and proper handling of my personal health and other information is assured.
COMMENT	I have a right to comment on my care and to have my concerns addressed.	I can comment on or complain about my care and have my concerns dealt with properly and promptly.

MITCHAM PRIVATE HOSPITAL

27 Doncaster East Road Mitcham Vic 3132

Ph: (03) 9210 3222 Fax: (03) 9210 3223

PRE ADMISSION REGISTRATION

PLEASE COMPLETE AND RETURN TO THE HOSPITAL AT LEAST 3 DAYS
PRIOR TO ADMISSION

Unit Record Number:

Family Name:

Given Names:

Date of Birth:

Age:

Sex:

OR USE LABEL

PATIENT DETAILS

Medical Admin / Consent form
received: Yes ☐ No ☐Room /
Bed No.

Date of Admission

Time of Admission

Date of Discharge

Time of Discharge

Admission No:

Have you been a patient at this
hospital before?YES ☐ NO ☐ If yes, when?

Surname Was:

Surname:
(Mr. Mrs. Ms. Miss)

Given Names:

Preferred
Name:

Address (Include Postcode):

Phone:

(Home)

(Work)

(Mobile)

Postal Address:

Sex: M ☐ F ☐

Marital Status:

Date of Birth:

Age:

Country of Birth: (If Australia, which state?)

Are you an Aboriginal or Torres Strait Islander? YES ☐ NO ☐

Religion:

Occupation:

Medicare
Ref. No:

Medicare No:

For Pharmaceutical Benefits Pension/Healthcare/
Safety Net (Insert No.)Has your admission been approved
by Veterans' Affairs? YES ☐ NO ☐

Card?

Gold ☐White ☐

Medicare Expiry Date:

DVA No.

PERSON TO CONTACT:

Relationship:

Phone:

(Home)

(Work)

(Mobile)

Address:

Admitting Doctor:

Referring Doctor:

Family Doctor/Clinic:

Family Doctor/
Clinic Address:

Power of Attorney/Other N.O.K:

Phone:

(Home)

(Work)

(Mobile)

INSURANCE DETAILS

Name of Health Fund:

Level of Cover:

Membership No:

Contributor:

Date Joined Current Schedule:

Date Paid To:

Have you an excess?

YES ☐ NO ☐If yes, have you paid your excess for this year's claim?
(If unsure check with your Health Fund)YES ☐ NO ☐Have you been in any
other hospital this year?YES ☐ NO ☐ If yes, where?

Date

PREFERRED OVERNIGHT ACCOMMODATION

PRIVATE ROOM ☐ SHARED ☐ OR DAY SURGERY ☐Whilst every effort will be made to provide the type of accommodation requested,
please understand circumstances will not always permit us to do so.

Please note - approval prior to admission is essential for WorkCover, T.A.C. and Veterans' Affairs patients.

WORKCOVER

TAC

Accidents outside Victoria may not be covered.

Name of Employer:

TAC Ref No:

Date of Accident:

Address:

Location:

Postcode:

Phone No:

Reported at (Police Station):

Contact Person:

Registration of Vehicles Involved:

Date of Accident:

Claim Accepted: YES ☐ NO ☐

Mode of Transport:

Insurance Co:

Claim No:

Driver/Passenger:

Nature of Injury:

Other Driver:

Has liability been accepted by Insurance Company?

YES ☐ NO ☐

Has this admission been approved?

YES ☐ NO ☐

Diagnosis on Admission

DRG

I agree to pay before leaving the hospital, all charges which are not refundable by my health fund, WorkCover or
Transport Accident Commission. I accept that the hospital is not responsible for the loss of any money or valuables.

Signature

This page is left blank intentionally

DETACH ALONG PERFORATION

MITCHAM PRIVATE HOSPITAL

27 Doncaster East Road Mitcham Vic 3132
Ph: (03) 9210 3222 Fax: (03) 9210 3223

MEDICAL HISTORY FORM

Unit Record Number:

--	--	--	--	--	--	--	--	--	--

Family Name:

--	--	--	--	--	--	--	--	--	--

Given Names:

--	--	--	--	--	--	--	--	--	--

Date of Birth:

--	--	--	--	--	--	--	--	--	--

Age:

--	--	--	--	--	--	--	--	--	--

Sex:

--	--	--	--	--	--	--	--	--	--

OR USE LABEL

What is your height:

Weight:

Blood group (if known):

ADMISSION DETAILS

YES

NO

IF YES, PLEASE ADD COMMENTS/DETAILS

Have you had any blood tests taken?

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Date: Company:

Have you donated your own blood?

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Number of units:

Have you had any Xrays taken?

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Company:

ALLERGIES Have you had any reaction to the following:

YES

NO

IF YES, PLEASE ADD COMMENTS/DETAILS

☐ Medications ☐ Tapes ☐ Lotions ☐ Food

☐ Latex / rubber (balloons, gloves)

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

MEDICATIONS: Have you recently taken the following medications?

YES

NO

IF YES, DATE LAST TAKEN / DATE TO BE CEASED

☐ Warfarin / Coumadin

☐ Blood thinning / Aspirin based

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

☐ Clopidogrel / Plavix / Iscover /Apixaban / Dabigatran / Rivaroxaban, Prasugrel & Tricagrelor

☐ Anti inflammatory / Arthritis

☐ Cortisone / Steroids

--	--	--	--	--	--	--	--	--	--

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IMPORTANT: Please bring a profile or list to hospital of all medications especially anti-coagulant or blood thinning therapy as well as other tablets, puffers, patches, injections, nebulisers, ointments, drops and including non-prescription medications and herbal supplements. **IF STAYING OVERNIGHT:** please bring medications in the correct packaging.

CURRENT & PAST MEDICAL HISTORY:

YES

NO

IF YES, PLEASE ADD COMMENTS/DETAILS

Have you had or do you have any of the following?:

☐ Diabetes Type 1

☐ Type 2

☐ Unsure

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Managed with:

☐ High blood pressure

☐ Low blood pressure

☐ Heart attack

☐ Angina

☐ Chest pain

☐ Palpitations

☐ Irregular heart beat

☐ Heart murmur

☐ Atrial fibrillation

☐ Pacemaker

☐ Heart valve replaced

Bring pacemaker details with you/or attach

☐ Heart surgery

☐ Rheumatic fever

☐ Asthma

☐ Bronchitis

☐ Hayfever

☐ Pneumonia

☐ TB

☐ Stroke

☐ TIAs

☐ Tendency to bleed/bruise

☐ Anaemia

☐ Blood Disorder

☐ Blood clot in legs

☐ Blood clot in lungs

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

☐ Liver disease

☐ Hepatitis (A, B, C)

Are you at increased risk of HIV and Hepatitis?

☐ Recent cold

☐ Flu

☐ Other infection

☐ Kidney problems

Describe:

☐ Bladder problems (eg. difficulty passing urine, incontinence etc.)

☐ Gastric ulcers

☐ Hiatus hernia

☐ Bowel problems

☐ Sleep disorder

☐ Snoring

☐ Sleep Apnoea

☐ Epilepsy

☐ Fits

☐ Pressure injury/ulcers

☐ Reflux disease

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If deemed a pressure risk, nurses to fill in MR 321

☐ Depression

☐ Other mental illness:

Describe:

☐ Dementia

☐ Alzheimers

☐ Parkinsons

Female patients: Could you be pregnant?

If so, how many weeks?

Do you have problems sleeping?

Do you have pain?

Other medical conditions (eg. cancer, family history of cancer, arthritis ect.)

PREVIOUS OPERATIONS / PROCEDURES / HOSPITAL STAYS OR VISITS

Date ____/____/____

Date ____/____/____

Date ____/____/____

Date ____/____/____

MITCHAM PRIVATE HOSPITAL

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Ph: (03) 9210 3222 Fax: (03) 9210 3223

MEDICAL HISTORY FORM

Unit Record Number:

--	--	--	--	--	--	--	--

Family Name:

Given Names:

Date of Birth:

--	--	--	--	--	--	--	--

Age:

--	--	--	--	--	--	--	--

Sex:

--	--	--	--	--	--	--	--

OR USE LABEL

PAST ANAESTHETIC DETAILS	YES	NO	IF YES, PLEASE ADD COMMENTS/DETAILS
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Have you/your family ever reacted to an anaesthetic?			
--	--	--	--

Have you ever had a blood transfusion?			
--	--	--	--

PROSTHESIS / AIDS	YES	NO	IF YES, PLEASE ADD COMMENTS/DETAILS
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Visual impairment			<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts
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Hearing impairment			<input type="checkbox"/> Hearing Aids <input type="checkbox"/> Other
--------------------	--	--	--

Dentures			<input type="checkbox"/> Top <input type="checkbox"/> Bottom
----------	--	--	--

Teeth			<input type="checkbox"/> Caps <input type="checkbox"/> Crowns <input type="checkbox"/> Loose teeth
-------	--	--	--

Implants			<input type="checkbox"/> Plates <input type="checkbox"/> Pins <input type="checkbox"/> Joints Location:
----------	--	--	--

Walking aids			<input type="checkbox"/> Frame <input type="checkbox"/> Crutches <input type="checkbox"/> Stick
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LIFESTYLE	YES	NO	IF YES, PLEASE ADD COMMENTS/DETAILS
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Have you ever smoked?			Amount: _____ Date ceased: _____
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Alcohol/recreation drugs			Amount: _____ Type: _____
--------------------------	--	--	---------------------------

Have you lost weight recently or unintentionally?	<input type="checkbox"/>		If yes, nurses to follow malnutrition guidelines
---	--------------------------	--	--

Special diet required or diet restriction			
---	--	--	--

Do you require an interpreter?	<input type="checkbox"/>		Organised with: _____
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ENDURING POWER OF ATTORNEY

Do you have a current Advance Care Directive ☐ Yes ☐ No ☐ Copy given to nursing staff

Do you have enduring power of attorney, health & medical guardian ☐ Yes ☐ No

Name: _____ Relationship: _____ Phone: _____

PLANNING FOR YOUR SAFE DISCHARGE	YES	NO	IF YES, PLEASE ADD COMMENTS/DETAILS
----------------------------------	-----	----	-------------------------------------

Have you experienced fainting, dizziness or had a fall over the last 12 mnths?	<input type="checkbox"/>		Falls risk assessment to be completed if deemed at risk - MR 322
--	--------------------------	--	--

Do you live alone?	<input type="checkbox"/>		
--------------------	--------------------------	--	--

Are you the carer of another person?	<input type="checkbox"/>		
--------------------------------------	--------------------------	--	--

Do you currently receive community services?	<input type="checkbox"/>		Name of service(s): _____
--	--------------------------	--	---------------------------

Do you require assistance with any aspect of day to day living?	<input type="checkbox"/>		
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Will you need us to organise any support services following your discharge?	<input type="checkbox"/>		Name of service(s): _____
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Who will care for you after discharge from Hospital? _____ Relationship: _____

Where do you plan to go after discharge? _____ How will you get there? _____

How long do you expect to stay in Hospital? _____ Do you have concerns or questions about coming into Hospital? _____

Person completing this form? ☐ Patient ☐ Relative ☐ Nurse ☐ Other _____

NURSE TO COMPLETE ☐ IF YES TO ANY RED HIGHLIGHTED BOX, PLEASE COMPLETE ADDITIONAL FORM AND / OR MAKE APPROPRIATE REFERRALS
☐ ALL INFORMATION ON BRADMAR STICKER HAS BEEN CONFIRMED CORRECT WITH PATIENT OR SIGNIFICANT OTHER

I confirm that the information completed in this Patient Health History form is correct.

Signature _____ Patient Name (Please print) _____ Date _____

Admitting Nurse: _____

Signature _____ Designation _____ Print _____ Initials _____ Date _____ Time (Hrs) _____

DETACH ALONG PERFORATION

Ramsay Healthcare Privacy Policy

Ramsay Health Care is bound by the Australian Privacy Principles under the Privacy Act 1988 (Cth) and other relevant laws about how private health service providers handle personal information. We are committed to complying with all applicable privacy laws which govern how Ramsay Health Care collects, uses, discloses and stores your personal information.

The Privacy Statement sets out in brief how Ramsay Health Care will handle your personal information. For further information or to receive a copy of our full Privacy Policy, please ask a staff member, visit our website: www.ramsayhealth.com or telephone the Hospital and ask to speak with our Privacy Officer. You can also write to our Privacy Officer to request more information.

Ramsay Health Care will collect your personal information for the purpose of providing you with health care and for directly related purposes. For example, Ramsay Health Care may collect, use or disclose personal information:

- For use by a multidisciplinary treating team;
- To liaise with health professionals, Medicare or your health fund;
- In an emergency where your life is at risk and you cannot consent;
- To manage our hospitals, including for processes relating to risk management, safety and security activities and quality assurance and accreditation activities;
- For the education of health care workers;
- To maintain medical records as required under our policies and by law; or
- For other purposes required or permitted by law.

Personal information may be shared between Ramsay Health Care facilities to coordinate your care. We also outsource some of our services. This may involve us sharing your personal information with third parties. For example, we outsource the conduct of our patient satisfaction surveys to a contractor who may write to you seeking feedback about your experience with Ramsay Health Care. We may outsource information and data storage services (including archiving of medical records), which may involve storing that information outside of Australia. Where we outsource our services we take reasonable steps in the circumstances to ensure that third parties, including organisations outside of Australia, have obligations under their contracts with Ramsay Health Care to comply with all laws relating to the privacy (including security) and confidentiality of your personal information.

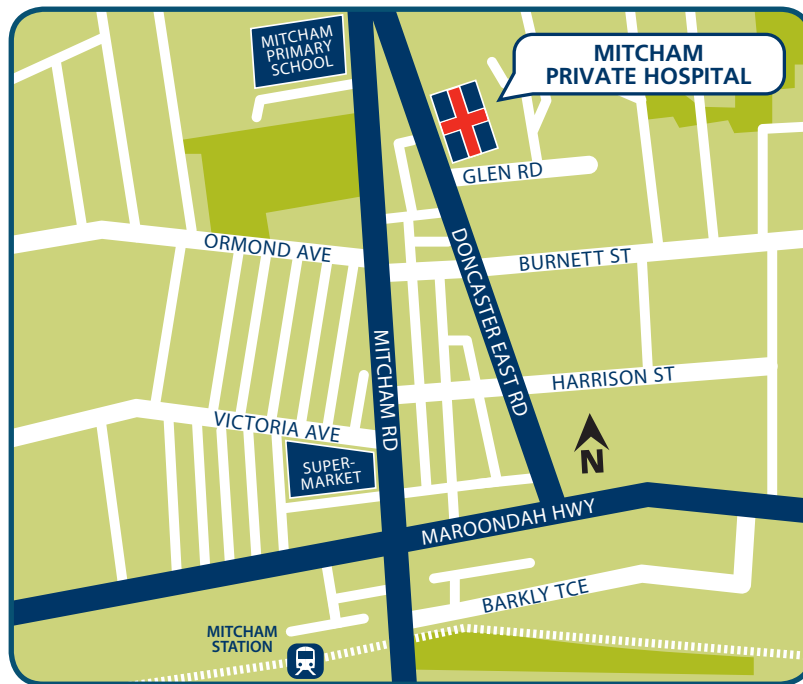
Ramsay Health Care will usually collect your personal information directly from you, but sometimes may need to collect it from someone else (for example, a relative or another health service provider). We will only do this if you have consented or where your life is at risk and we need to provide emergency treatment.

- We will not use or disclose your personal information to any other persons or organisations for any other purpose unless:
- You have consented;
- The use or disclosure is for a purpose directly related to providing you with health care and you would expect us to use or disclose your personal information in this way;
- We have told you that we will disclose your personal information to other organisations or persons; or
- We are permitted or required to do so by law.

You have the right to access your personal information in your health record. You can also request an amendment to your health record should you believe that it contains inaccurate information.

IMPORTANT:

If you need assistance to complete the forms or have questions regarding your admission, please phone the hospital, or come to the hospital reception desk and we will be pleased to help you.



MITCHAM PRIVATE HOSPITAL

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