Pre-Admission Forms

PLEASE COMPLETE THE TWO SECTIONS MARKED “PATIENT TO COMPLETE” AND READ INFORMATION PROVIDED. RETURN AT LEAST 48 HOURS PRIOR TO ADMISSION.
Medical History

Please tick any of the following which you may have had:

☐ Heart Trouble  ☐ Deformity of neck or jaw
☐ Stroke  ☐ Tuberculosis
☐ Epilepsy  ☐ HIV or AIDS
☐ Arthritis  ☐ High Blood Pressure
☐ Rheumatic Fever  ☐ Ankle or leg swelling

Have you had any illness recently?  Yes ☐ No ☐
Give details: ____________________________________________

Have you been hospitalised in the last 6 months?  Yes ☐ No ☐

Have you had any operations?  Yes ☐ No ☐
Please list: ____________________________________________

Your height ____________________  Your weight ____________________

Have you or any of your relatives had any complications with anaesthetics?  Yes ☐ No ☐
Give details: ____________________________________________

Do you smoke?  Yes ☐ No ☐
No. per day?  ____________________

Do you drink alcohol?  Yes ☐ No ☐
Amount per day?  ____________________

Are you pregnant?  Yes ☐ No ☐
How many weeks?  ____________________

PATIENT TO COMPLETE - 2

Do you have any allergies to medications, food, sticky plaster, latex/rubber (e.g. balloons, gloves) or other substances?  Yes ☐ No ☐
Give details: ____________________________________________

Have you taken steroids (eg prednisone) in the last 12 months?  Yes ☐ No ☐
Give details: ____________________________________________

Have you been hospitalised in the last 6 months?  Yes ☐ No ☐

Have you had any operations?  Yes ☐ No ☐
Please list: ____________________________________________

Any special dietary requirements?  Yes ☐ No ☐
Give details: ____________________________________________

Please list all current medications you are taking:
- Prescription and non-prescription
Please attach list of medications and dosage from your chemist.

Name of escort home:

Relationship:  ____________________  Contact no:  ____________________
Please complete this form. Deliver, fax, or post to us as soon as possible. Must be received a minimum of 48 hours before admission.

**SURGEON TO COMPLETE**

- **Doctor**
- **Provisional Diagnosis**
- **Planned Procedure**
- **Expected Length of Procedure**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Operation Date</th>
<th>G A</th>
<th>L A</th>
<th>SEDATION</th>
<th>OFFICE USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiology:</td>
<td>II</td>
<td>Radiographer</td>
<td>Booked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X-RAY ADVISED</td>
</tr>
<tr>
<td>Overnight Stay Required</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td>PATIENT CONTACTED</td>
</tr>
<tr>
<td>Ophthalmology &amp; ENT only: Screening for CJD completed?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td>DATA ENTRY COMPLETED</td>
</tr>
</tbody>
</table>

**PATIENT TO COMPLETE - 1**

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Mr</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Suburb</td>
<td>State</td>
</tr>
<tr>
<td>Have you been a patient of CHH before?</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>/</td>
</tr>
<tr>
<td>Ph (H)</td>
<td>Ph (W)</td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>S</td>
</tr>
<tr>
<td>Aboriginal</td>
<td>Torres Strait Islander</td>
</tr>
<tr>
<td>O/S Visitor</td>
<td>YES</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>Language at Home</td>
<td></td>
</tr>
<tr>
<td>Country of Birth</td>
<td></td>
</tr>
<tr>
<td>Next of Kin</td>
<td>GP (Family Doctor)</td>
</tr>
<tr>
<td>Relationship</td>
<td>GP Address</td>
</tr>
<tr>
<td>Contact No.</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

**FOR WORKERS COMPENSATION AND THIRD PARTY CLAIMS ONLY**

<table>
<thead>
<tr>
<th>Your Employer's Name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Contact Person</td>
<td>Telephone</td>
</tr>
<tr>
<td>Date of your Accident</td>
<td>/</td>
</tr>
<tr>
<td>Has the claim been accepted by the Insurance Company?</td>
<td>Yes</td>
</tr>
<tr>
<td>Insurance Company</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>
CONSENT FORM

I, ...................................................................................................................................................................................(print name)

consent to, the procedure...................................................................................................................................................

To be performed upon ........MYSELF or PRINT NAME: .................................................................................................

Dr ............................................................................................................................................................................. has explained the procedure, I understand the nature of the procedure and I have had the opportunity to ask questions and am satisfied with the explanation and answers to my questions. I consent to anaesthetic, medicines or other treatments which could be related to this procedure.

I understand that undergoing the procedure carries risks.
• Additional procedures or treatment may be needed if the doctors finds something unexpected;
• The procedure/treatment may not give the expected result even though the procedure/treatment is carried out with due professional care.
• CHH may require blood to be taken for testing in the event of accidental staff injury involving contact with blood.

Personal information may be used:
• To assist other medical practitioners or institutions who may treat me in the future but only to the extent necessary to treat the particular condition I have. This may include a requirement to forward relevant prior information, for example; anaesthesia records.
• To inform next of kin identified in my admission form of the outcome of treatment or to obtain consent to necessary treatment where I am not able to provide such consent.
• To assist in the development of service delivery, planning and quality improvement activities at CHH.
• For research and development projects undertaken by CHH in its own right or in conjunction with medical practitioners who work in the facility or drug companies.
• To enable CHH to provide access to my information to the Health Fund of which I am a member if requested by the Health Fund to do so.

Irrespective of any request received, I direct you NOT to provide my personal information to (please specify name/details): ..............................................................................................................................................

Signature of Patient/Guardian................................................................................................................./.........../20..........

Signature of witness to Patient’s Signature ......................................................................................................../.........../20..........

PROVISION OF INFORMATION TO PATIENT TO BE COMPLETED BY DOCTOR

I have informed the patient/guardian as detailed above including the nature, likely results and material risks of the recommended procedure including pecuniary interest in the Hospital.

Signature of Doctor .........................................................................................................................................../.........../20..........

Castle Hill Hospital owned by Castle Hill Day Surgery Pty Ltd
This information is designed to help make your visit to Castle Hill Hospital (“CHH”) as smooth as possible. It contains some important facts you need to know to ensure there are no delays in caring for your needs. Please read it carefully, and do not hesitate to contact us if there is anything further you need to know.

Privacy and Confidentiality
The privacy of your personal information is afforded the highest level of importance by CHH. We are bound by the Privacy Act 1988 (Cth) and the Health Records and Information Privacy Act 2002 (NSW) regarding the manner in which we handle your personal information, including the disclosure of your information, security and storage of your information on and off site and how we respond to your request to access and correct it. Indicate on your Consent form whether or not you consent to the use of the personal information it holds about you for the indicated purposes. You should note that in the event that you do provide consent, the information will be used in an identified format. That is, your identity will be clear in any material generated for the purposes for which, you’ve provided your consent. You are under no obligation to consent to the use of your personal information for any of the indicated purposes. In the event that you do not consent, we may not be able to provide services required but we will respect your wishes and will not use the information for that purpose in any identified format.

Booking in to CHH
As soon as your doctor advised that you are to have surgery at CHH, please complete all the forms in the package included with this information. We need this information as soon as possible. Please bring it to us in person (you can send a representative) or fax it to us. Placing the information in the post often leads to delays in us receiving your information. In order to reserve your place on the operating list, you must complete this step prior to admission.

Business hours: Mon-Fri 6.30am – 6.30pm.

Costs & Payment
Patients must declare if they are in a Health Fund on booking in. CHH will contact your health fund prior to admission and notify you if there are any gaps in the funding. If you are not insured, you will be given a quote prior to admission. Payment of any gaps must be paid upon admission. Payment can be made using cash, bank cheque, eftpos and most credit cards.

How to get to CHH
We are the large white building on the corner of Terminus Street (Eastern Ring Road) and Cecil Avenue. Secure parking is available under the building and a nominal fee is charged. Do not drive yourself to CHH on the day of surgery unless you have someone to drive you home.

**IF DRIVING PLEASE NOTE:**
THERE IS NO RIGHT TURN INTO MCDougall LANE FROM TERMINUS STREET.

Smoking
CHH has a non-smoking policy.

Pre-admission
The Receptionist at CHH will ring you between 12.30 and 2.00pm on the working day before surgery. Please ensure you provide a contact number that you are available on during this time, as unless you provide authority, we are unable to leave messages with others. If we have not contacted you by 2.30pm please contact CHH on 9846 2000 to obtain your admission time. Operating lists have to be carefully arranged in the appropriate order, and this information will not be available until then.

On the day of admission
Please try to arrive on time but do not arrive too early as it will prolong the waiting time for you! Newspapers are provided, but some light reading of your choice can be helpful. We would ask you to shower and wear clothes and shoes which are comfortable and loose, and remember, you may feel cooler than normal after your operation. Track suits are ideal. Remove all jewellery, studs, ear-rings, make-up and nail polish. Piercings will usually be taped but the decision to remove them will be made by the anaesthetist on the day. No deodorant or perfume is to be worn. Wedding rings can be taped if you do not wish to remove them. Do not bring unnecessary valuables with you, as we cannot be responsible for them. Mobile phones must be switched off within CHH, as they can interfere with medical devices. If you need to make a phone call the staff will be happy to arrange a phone for you.

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Fasting
This is vital for your safety. You will be told for how long you must fast before your operation. Do not fast longer than this, as you will become very hungry and dehydrated by the time your operation is over. Brushing your teeth is encouraged. Fasting means you must not take any food or fluids. Do not chew gum, or smoke. If the patient is a child, please ask CHH for specific instructions, well before admission, as fasting times vary with age and the procedure.

Colonoscopy patients
You will be given a bowel prep material before admission. It is very important you complete this preparation, as instructed, before your admission. Incomplete bowel preparation may make the examination impossible or inadequate, requiring a repeat at a later date.

Your own medications
Normally, you should take all of your medications, as usual, on the day of admission, with a sip of water. However there are some exceptions such as oral hypoglycaemics (tablets for diabetes) and insulin. If you have any concern please be sure to ask for guidance from CHH before your admission date. Aspirin and Clopidigrel (Plavix, Iscover) is sometimes best stopped pre-operatively and you should ask your doctor about this. Bring your medications with you and if you are unsure of what to do, or contact CHH pre-admission for advice.

Anaesthesia consultation
Your anaesthetist will visit you after admission, and ask you questions to ascertain your fitness for anaesthesia, and decide what kind of anaesthetic would be best suited for you. This may be a general, local, regional anaesthesia, or sedation. Please feel free to ask any questions you may have concerning your anaesthetic, planned post-operative pain relief, etc, and their fees for the service.

Your surgery/examination and recovery
You will be taken to the theatre by the anaesthetic nurse, and placed on a trolley or the operating table, where the anaesthetic will commence. While you are asleep and pain free, the planned procedure will be performed, and then you will be taken, still asleep, to the recovery room, where our recovery nurses will monitor your recovery, and administer any pain-relieving and/or other drugs ordered by the anaesthetist. You may not recall much of this stage. Once you are awake and recovering you will be moved to comfortable armchairs to complete your recovery.

Discharge
While in the second stage of recovery, you will be observed by the nursing staff, seen (if possible) by your doctor, and given instructions for after care, follow-up visits etc. Sandwiches and drinks will be offered, and arrangements made for your discharge. For those patients who stay overnight, discharge time next day is 10.00am.
We cannot discharge you if you do not have someone to escort you home, and a carer to stay with you overnight to ensure your safety at home. You cannot drive yourself home. Your surgery may be cancelled if you do not put these arrangements into place. If you self-discharge outside protocol, you will be required to complete documentation.

Delays
It is a fact of life that delays occur in the best run establishments. There are many reasons for hold-ups during an operating list. Every effort will be made to ensure that you are not inconvenienced while you are with us. If possible we will inform you, if it is feasible, to delay your departure from home, but we understand that this is not always possible. Please be tolerant of any delays that do occur. After all your surgery may take longer than expected and cause unavoidable delays to those following you. Please allow a minimum of 2 to 3 hours for your stay at CHH. Larger operations will require a longer stay.

Follow-up
Your doctor's rooms will be happy to help in any way they can. You will be given the appropriate numbers to call if required. An emergency (after hours) on call system is available.

Complaints
A patient satisfaction survey is available to all patients. Complaints may be made directly to the CEO. All complaints are investigated and a written response provided. If you are not satisfied, complaints can be made to the Health Care Complaints Commission on toll free number 1800 043 159.

Pecuniary Interest
CHH was designed and built and is owned by a group of doctors. Advice on pecuniary interest is displayed in the foyer of the hospital.

Understanding your Rights and Responsibilities
For most people being a patient is unfamiliar and therefore it is important that you understand your rights and responsibilities as a patient. If you have any questions regarding your rights and responsibilities, please ask our staff.

You have the right...
• To be treated with courtesy, and have your ethnic, cultural and religious beliefs respected
• To be informed about facilities and services, costs, medications used, methods of treatment and referral to other services
• To confidentiality of personal information
• To involvement in decisions about your care
• To staff who identify themselves to you
• To an explanation of treatment and its risks before giving consent
• To advice on seeking a second medical opinion
• To advice on care after discharge
• To discharge yourself at any time even against the advice of your doctor or hospital staff. However, you must accept the associated risks and sign a form taking responsibility before you leave the hospital.

You have responsibilities
• To answer questions about your health honestly and to comply with prescribed treatment
• To tell staff about any regular medication you are taking
• To make sure you understand what is said to you
• To abide by the hospital's non-smoking policy
• To advise staff if visitors are worrying you
• To show consideration for other patients
• To treat your health care workers with respect and courtesy regardless of their cultural and ethnic background.

Please ask if we can provide you with any further information for your stay with us.