

## Minchinbury Community Hospital

Cnr. Rupertswood Rd. & Great Western Highway Rooty Hill, NSW 2766  
Phone: (02) 9625 2222 Fax: (02) 9675 9704

# PRE - ADMISSION FORM

*It is very important you complete ALL details below immediately and forward this form to the Admissions Office at the hospital.*

Admission Date: ...../...../..... Admission Time: ..... am/pm

### A. PATIENT'S PERSONAL DETAILS

Title:  Mr.  Mrs.  Miss.  Ms. Surname: ..... Given Name/s: .....

Address: ..... Suburb: ..... Postcode: .....

Telephone: Home: ( ) ..... Work: ( ) ..... Mobile: .....

Religion: ..... Sex:  Male  Female

Date of Birth: ...../...../..... Age: ..... Marital Status:  Married  Single  Widowed  Separated  Divorced

Next of Kin: Surname: ..... Given Name: ..... Relationship: .....

Address: ..... Suburb: ..... Postcode: .....

Telephone: Home: ( ) ..... Work: ( ) ..... Mobile: .....

### B. HEALTH FUND DETAILS

Fund: ..... Membership No.: ..... Table/Schedule: ..... Excess: .....

Contributor's Surname: ..... Given Name/s: ..... Date of Birth: ...../...../.....

Address: ..... Suburb: ..... Postcode: .....

### C. PATIENT'S MEDICAL DETAILS

Allergies: .....

Special Diet:  Diabetic  Vegetarian  Low Fat  Other (explain): .....

Nature of Illness / Operation : Surgical: ..... Item No.: .....

Admitting Doctor/ Specialist: ..... Address: .....

Referring Doctor: ..... Address: .....

Has your doctor ordered any pre- admission tests? e.g.  Pathology  X-ray Other: .....

### D. DETAILS REQUIRED FOR HOSPITAL (Patient MUST supply these)

Medicare No: ..... ID No.: ..... Expiry: .....

Pension No.: ..... Veterans Affairs No: .....

Accommodation Details:  Day Only  Private  Shared Country of Birth: .....

Language Spoken at Home: .....  Aboriginal  Torres Strait Islander

Occupation: ..... Student:  Yes  No Name of School: .....

Have you been a patient in any other hospital in the past 28 days?  Yes  No If Yes, which hospital: .....

**Have you been admitted to Minchinbury Hospital before?**  Yes  No **Which Year ?** .....

Has your surname changed since your last admission?  Yes  No If yes, previous name: .....

**PLEASE COMPLETE APPROPRIATE DETAILS ON REVERSE SIDE OF FORM**

# PRE - ADMISSION FORM- Continued

## E. WORKERS COMPENSATION DETAILS

Date accident/injury occurred: ...../...../..... How injury occurred.....	
.....	
Employed By Company: .....	Contact: .....
Address: .....	Suburb: ..... Postcode: .....
Telephone: ( ) .....	Fax ( ) .....
Has insurance company accepted liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company: .....
Address: .....	Suburb: ..... Postcode: .....
Insurance Company Contact: .....	Claim No. ....

## F. MOTOR VEHICLE THIRD PARTY DETAILS

*Approved Claim No. and Insurance Details including letter or fax are required prior to admission.*

Date accident/injury occurred: ...../...../..... Name of the driver of vehicle in which patient was travelling:.....	
Address: .....	
Suburb: ..... Postcode: .....	
Telephone: ( ) .....	Mobile .....
Has insurance company accepted liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company: .....
Address: .....	Suburb: ..... Postcode: .....
Insurance Company Contact: .....	Claim No. ....

### Patient Financial Consent

I, ..... (Patient's Name) have been informed of the estimate of fees to be charged and hereby undertake to pay any known gaps between the level of cover provided by my insurance company or health fund on admission. Further, I agree to pay my account or any outstanding fees within 21 days of being advised that liability or rebates have been rejected or paid at a lessor rate, by my insurance company or health fund.

I also acknowledge that there may be charges to the planned management of my condition, which may lead to a variation to the estimate of costs provided to me upon admission and agree to pay this amount on discharge.

I also agree to pay all additional charges incurred by me, not covered by my insurance company or health fund, which are identified after the admission.

Signature: ..... Date: ...../...../.....

Witness Signature: ..... Date: ...../...../.....