



# EAST SYDNEY PRIVATE HOSPITAL



## Pre-admission Booklet

Please ensure the following forms are completed and returned to East Sydney Private Hospital at least **3 working days** prior to your date of admission.

- **Request for Admission & Consent forms** (pages 9 & 11) *To be completed by your referring doctor or specialist*
- **Pre-admission form** (pages 13 & 14)
- **Patient History form** (pages 15, 16 & 17)

**Completed forms should be returned to:**  
**Pre-admission Office**

Level 4, 75 Crown Street, Woolloomooloo NSW 2011  
or **Fax:** (02) 9001 2001  
or **Email:** [admit@esphospital.com](mailto:admit@esphospital.com)  
or PO Box 356, Potts Point NSW 1335

The remainder of the booklet is for your information.

### **East Sydney Private Hospital**

Level 4, 75 Crown Street, Woolloomooloo NSW 2011  
T: 1300 377 400 OR (02) 9001 2000 F: (02) 9001 2001  
[www.eastsydneyprivatehospital.com](http://www.eastsydneyprivatehospital.com)



## Welcome to East Sydney Private Hospital

At East Sydney Private Hospital we are committed to providing patients with the highest standards of health care. Our staff will ensure that throughout your stay you will be looked after with the utmost respect and dignity.

Please complete the admission forms contained within this booklet and return them to East Sydney Private Hospital at least 72 hours prior to your admission. Should you need assistance completing the forms please contact the hospital on (02) 9001 2000.

After you have returned the forms to the hospital, a staff member may contact you to get further information or to provide you with additional pre-admission information.

## Anaesthesia and your procedure

Virtually all surgical procedures require some form of anaesthesia which will be administered by an anaesthetist. You will be seen by your anaesthetist before your procedure.

Please carefully complete the Patient History forms, as the information on these forms will be used by your anaesthetist to assess your specific anaesthetic requirements. Please take special care to record:

- All medications you are taking, the dose you are taking and how often you are taking the medications, including any complementary (herbal /alternative) medicines.
- Any serious medical problems such as heart disease, asthma or diabetes
- Any allergies or drug sensitivities
- Usage of recreational drugs, tobacco or alcohol
- Past anaesthetic experiences
- Loose or broken teeth, caps, plates, implants or dentures.

All this is important in minimising risk and may influence the type of anaesthetic provided.

### Preparing for your anaesthetic

There are several simple things that you can do to improve your general condition prior to your procedure:

- Moderate exercise such as walking will improve your general physical fitness and aid your recovery
- Cease smoking as soon as possible, ideally six weeks prior to surgery
- Carefully follow the fasting and medication instructions on page 2 of this booklet. If these instructions are not followed, your procedure may have to be postponed in the interest of your safety
- Contact your surgeon or anaesthetist if you have any questions, concerns, or are anxious about your anaesthesia.

## Your medications

If you take any regular medication (including non-prescription medications) you should discuss this with your doctor. You may need specific instructions regarding which medications you should cease and which you should continue.

Generally, you should take your regular morning medication at 6.00am with a sip of water (ie. 30mls). If your procedure is in the afternoon and you usually take your medication at lunchtime, you should take those at 11am with a sip of water (ie. 30mls).

### Exceptions to this are:

- **Aspirin and anti-inflammatory medications**
  - **All patients** should **cease taking** these medicines 10 days prior to your procedure **unless you are taking it for your heart or for stroke prevention**. If you are taking aspirin, clopidogrel (Plavix or Iscover), warfarin or anticoagulants for a heart condition or stroke prevention, you should seek specific instructions from your surgeon and cardiologist as to when or if these medications should be ceased.
  - **Patients with coronary artery stents, any vascular stent or cardiac implant** should discuss with their cardiologist or surgeon before ceasing the drugs listed above.
- **Diabetic Medications**
  - For all patients taking diabetic medications it is important that you discuss your diabetes medication instructions with your doctor prior to your procedure.
- **Herbal (complementary / alternative) medicines**
  - if you are having a procedure, you should cease taking these medicines for 10 days prior to your procedure unless otherwise instructed by your doctor.

## The day of your procedure

### Fasting

Generally you should not eat or drink for at least six hours prior to your procedure, unless your doctor has indicated otherwise.

The fasting time may vary, depending on the type of anaesthetic you are having. You will be advised when to commence fasting by hospital staff prior to your admission.

**If fasting instructions are not followed, your procedure may have to be postponed in the interests of your safety.**

### Your arrival time

A member of staff will contact you between 2.00pm and 6.00pm on the afternoon prior to your admission to notify you of your required arrival time.

The hospital will endeavour to minimise your waiting time. However, there may be longer than expected waiting times if unforeseen events arise with other patients undergoing procedures or if pre-operative reviews or tests are requested by your doctors in the interests of your care.



## What to bring

- **All entitlement cards** e.g. Medicare / Safety Net / Veterans' Affairs and Health Fund cards
- Any paperwork not already forwarded to the Hospital
- Relevant x-rays, scans or films
- Current medication (in their original containers) and prescriptions
- Payment for estimate of gap between fund benefits and hospital fees, or total estimated costs of hospitalisation if you have no health insurance
- Reading material and/or something else to do
- A hard case for your glasses
- Aides such as walking stick, hearing aids
- For a child – favourite toy, formula, bottle and any special dietary needs (if applicable)
- Children may go to the procedure/theatre in their own pyjamas – these must be cotton with plastic buttons (no metal press studs) and be loose fitting.

**If you are staying overnight**, please remember to also bring (in a small overnight bag):

- Sleepwear, dressing gown and slippers
- Personal toiletries

### Do not bring:

- Valuables, including jewellery, and large sums of money (unless settling your account in cash on admission)
- Unnecessary clothing
- Large luggage and suitcases (these cannot be accommodated).

## Prior to your procedure

Please:

- Shower with soap on the day of your procedure
- Do not apply any powder, creams, lotions or makeup
- Please follow instructions from your doctor and hospital nursing staff, including fasting instructions
- Wear comfortable clothing
- Do NOT smoke.

## Your hospital account

The hospital will provide an estimate of the gap between your health insurance cover and the hospital costs prior to your admission. This will be an estimate only, and in the event of unforeseen variations or complications of the proposed treatment the cost may vary.

Full fee paying patients will be required to pay 100% of the estimated fee on arrival to East Sydney Private Hospital, unless otherwise negotiated with the facility.

Circumstances may also occur during your hospitalisation that will result in fee changes. Fees for some services cannot be estimated prior to your admission.

While no guarantee can be given, every effort will be made to accommodate your room request. If you are allocated a private room, a gap payment will apply if your health insurance cover does not include private room fees.

Payment for your estimated gap is required on or before admission. East Sydney Private Hospital offers several options to pay your estimated gap or other accounts. These are BPay, post (bank cheque or money order only), or by presenting in person (cash, bank cheque, EFTPOS, credit card). Please note, credit cards will incur a surcharge.

## Your Doctors' accounts

Accounts from your treating doctors are separate and may not be usually fully covered by your health fund or Medicare. Please contact your treating doctors directly for estimates and/or to settle these accounts.

Please let your doctor and your anaesthetist know as soon as possible if your medical bills are to be paid by a third party such as worker's compensation or the Department of Veterans' Affairs.

## Privately insured patients

Please check with your private health insurer that your insurance is up to date.

The hospital will check on your behalf whether you have an excess or co-payment to pay, or if your level of cover or waiting period excludes you from receiving benefits for some conditions. However, it is important that you also check with your private health insurer as co-payments and costs for excluded procedures are your responsibility.

## Uninsured patients

If you do not have health insurance, you will be required to pay the full estimate of your account on or before the day of your admission. Fees for additional or unplanned services are payable on or after the day of your discharge.

## Veterans

While no guarantee can be given, every effort will be made to accommodate your room request. As DVA does not cover veterans for private room accommodation, a gap payment will apply for each day you occupy a private room.

If you require transport to or from hospital, you will need to contact the Department of Veterans' Affairs to make arrangements.

## Workers' Compensation and third party patients

All Workers' Compensation, public liability and third party patients require approval from their insurer prior to admission. If approval is not received, the patient is required to pay the estimated amount on or before the day of admission.

The telephone number for all accounts enquiries is **(02) 9001 2000**.



## What costs could I incur that will not be covered by my health fund

- Pharmacy (medicines required during your admission and discharge medications)
- Pathology
- Imaging or x-ray
- Medical and allied health practitioners fees may be billed separately by the practitioner. Please discuss these with your doctor before your admission. You may receive separate accounts for:
  - Surgeon
  - Anaesthetist
  - Assisting surgeon
  - Other consultants
- STD telephone calls

## Infection Control

The hospital is committed to promoting infection control awareness to both staff and patients. All patients and visitors are encouraged to either wash their hands or use the alcohol based hand rubs to assist with reducing the risk of infection.

We also ask that visitors with colds, gastroenteritis or other contagious diseases do not visit the hospital, in order to prevent the spread of these infections.

## Falls Prevention

Hospitals can be unfamiliar environments and combined with surgery, feeling unwell and taking certain medications patients can be at a greater risk of falling whilst in hospital.

To assist in preventing falls patients should observe or be aware of the following;

- Some medications can cause you to be light headed or drowsy. If you feel unsteady please ensure you contact a nurse to assist you.
- Please review the layout of your room during the day so that at night if you move around the room you will be better aware of your surroundings.
- Check floors in vinyl areas such as bathrooms to ensure they are not wet. If showering please use handrails or shower chairs as required.
- Your doctor may have requested you to wear pressure stockings. Pressure stockings can be slippery on polished floors thus you should also wear slippers when walking around the hospital.

## Medication Safety

On admission to hospital please provide your nurse with any tablets or medicines that you have been taking before admission. These will be secured in a personal drug cabinet. Any additional medication you require whilst you are in hospital will be ordered by your doctor and supplied to you. Please note that some medications which you took prior to your surgery, your doctor may decide to withhold temporarily. When you are discharged, medications that you are required to take will be either provided to you as a prescription or as pharmacy supplied medications.

## Pressure Injury Prevention

A pressure injury is an area of skin that has been damaged due to unrelieved pressure. Redness on the skin may appear to be minor, 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.

Please 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 (eg laying in bed or sitting in a chair for long periods of time).

In addition, there are a number of risk factors for blood clots, these include previous strokes, inherited blood clotting abnormalities, lung disease, being overweight, having had major surgery in the past, heart failure, smoking or contraception 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, compression sleeves, or you may be prescribed blood thinning medication.

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

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

## Your admission and hospital stay

ALL patients will be admitted via the Admissions Reception located on Level 4.

If you are unable to keep your appointment for admission or if you have any questions about your admission process, please contact us as soon as possible on (02) 9001 2000.

## Visiting hours

General ward visiting hours are 10.00am to 8.00pm.

We ask that you advise your friends and relatives not to visit outside the visiting hours.

## Leaving the hospital after Surgery

For the first 24 hours after your procedure it is important that you:

- Do not drive a car
- Do not drink alcohol
- Do not remain on your own (unless approved by your specialist)
- Do not make complex or legal decisions

You should be in the company of a responsible adult for 24 hours after a procedure.

After your operation you may need to follow detailed instructions. These may include wound or medication instructions. As you may have had an anaesthetic, we advise that a responsible adult be with you during these discussions as it is important your discharge instructions are understood.

Following discharge from the hospital, you will require someone to drive or accompany you home. Day patients can be met in the Day Surgery Discharge Lounge located on Level 4.

For overnight patients, discharge is prior to 10.00am. We ask you to vacate your room by this time to allow us to prepare for the next patient.

## Hospital Policies

### Smoking policy

East Sydney Private Hospital is a smoke free hospital. Smoking is not permitted in the hospital building or on its grounds.

### Visitors Lounge

Lounge areas are provided for patients, their families and friends. Tea and coffee are provided.

### Provision of food to patients by carers, relatives or friends

Please make staff aware of any food allergies, or intolerances you may have. Our staff will be able to assist you with your menu choices if required.

If your carer, relative or friend wishes to bring you meals from outside the hospital please let staff know as there are health and safety requirements concerning the safe transport and storage of food.

## Patients' rights and responsibilities

East Sydney Private Hospital is committed to delivering the highest possible standard of health care. All patients have rights and responsibilities when seeking medical treatment and care. We have provided below a list of your rights in relation to your ongoing treatment and care.

### Patients' rights

**Access to Care** – You have the right to:

- Receive treatment appropriate to your health needs
- Request a doctor of your choice
- Request a second opinion

**Standard of health** – You have the right to:

- Treatment directed and supervised by competent and qualified health professionals
- Know the names and professional status of staff providing care
- Dignity, courtesy and respect in all interactions with staff
- Care, treatment and service which is sensitive to your cultural and religious values and beliefs

**Parents/guardian** – You have the right to:

- Exercise all rights if you are the parent or guardian of a child
- Choose to stay with your child at all times, except when clinical reasons dictate
- Make decisions regarding consent to treatment of your child if under 14 years. After this age children may seek treatment and provide consent or make decisions jointly with their parents/guardian

**Informed consent** – Patients have the right to:

- Refuse recommended treatments
- Withdraw consent to treatment at any time
- Refuse to have treatment, which is experimental
- Leave the hospital at any time. If they leave without hospital consent, the patient is responsible for any injury or illness caused or aggravated by their own action

**Right to information**

You have the right to access information contained in your medical record. East Sydney Private Hospital provides such access in accordance with relevant legislative and policy guidelines. While in hospital you may contact your nursing unit manager for assistance, or after discharge contact the Medical Records department.

## Patients' responsibilities

### You have the responsibility to:

- Find out about your condition and treatment, including the range of treatments that may be available to you
- Know your medical history including details of any medication you are taking
- Answer questions about your health frankly and honestly
- Discuss any problems you feel may be affecting your health or medical condition
- Provide comprehensive and accurate health information to enable optimal care
- Cooperate fully with the doctor and clinical team in all aspects of your treatment
- Follow your treatment and inform your provider when you are not able to do so
- Keep appointments or let the provider know when you are unable to attend
- Pay the fees of the hospital and your attending doctor
- Consider the rights of other patients and staff members.

If you are aware of any particular condition that may cause undue harm to other patients or staff, this should be disclosed at time of admission.

When a health care worker becomes aware that a risk to public safety exists while managing a patient, they will be excused from breaching confidentiality when they disclose information about this risk in order to protect the public.

## Personal information and privacy for patients

East Sydney Private Hospital recognises and respects every patient's right to privacy. We will collect and use the minimum amount of personal information needed for us to ensure that you receive a high level of health care. East Sydney Private Hospital will always endeavour to manage your information to protect your privacy.

### Personal information we usually hold:

- Your name, address, telephone and email contact details
- Health fund details
- Date and country of birth
- Next of kin
- Occupation
- Health information
- The name and contact details of your General Practitioner and your referring doctor
- DVA information
- Religious beliefs or affiliations (if provided)
- Marital status
- Transaction details associated with our services

### What we do with personal information:

1. We will collect it discreetly.
2. We will store it securely.
3. We will only provide your personal information to people involved in your care. We ask all doctors and health professionals who consult with other health care providers outside East Sydney Private Hospital to also protect your right to privacy.

4. We will provide relevant information to your health fund, or the Department of Veterans' Affairs, Medicare Australia, Cancer Council, NSW Department of Health or to other entities when we are required to do so by law.
5. After removing details that could identify you, we may use the remaining information to assist with research and service improvement projects. We are also required to provide this kind of information to government agencies.
6. East Sydney Private Hospital is a teaching hospital and we may use personal information in the training and education of medical, nursing and other allied health students.
7. We will destroy our record of your information when it has become too old to be useful or when we are no longer required by law to retain it.
8. We may use the information to contact you. By providing your mail and/or email address, we assume permission to use this address for administrative communications (e.g. receipts) regarding your hospital visit. We will not send your health information via email.

### Your rights

1. You may give consent for us to use your personal information to provide you with health care services, or you may withdraw consent at any time.

If you withdraw consent for East Sydney Private Hospital to use your personal information, this may reduce our ability to provide you with services.

2. You may ask us to limit access to your information. If you have a specific requirement for restricting access by someone to your information, please inform us about this as soon as possible.
3. You may ask us to give you (or another individual) access to your personal information. In most cases we will allow you to have access to your personal information. We may charge a fee for providing printed copies of reports. We may not provide you (or your responsible person) with access to your personal information if a doctor feels that it may be harmful to do so.
4. You may ask us to correct any error in your personal information.
5. You may make a privacy-related complaint if you feel that the Hospital has not kept your information confidential or has not maintained your privacy - by telephoning the Hospital Manager (02) 9001 2000.



## Feedback and Complaints

The hospital values patient feedback. If you have a suggestion, wish to report an incident or to give a compliment, there are several options.

- Use the feedback form in your room, in the Discharge Lounge, or download the form from the website at [www.esphospital.com](http://www.esphospital.com)
- Speak to the person in charge of the department, usually the Nursing Unit Manager.
- Should you prefer to speak to someone outside the department, please contact the The Hospital Manager during office hours Monday to Friday on telephone (02) 9001 2000.

Or you can write to:  
Hospital Manager  
East Sydney Private Hospital  
PO Box 356  
Potts Point NSW 1335

You may contact the Healthcare Complaints Commission if you are not satisfied that the Hospital has resolved your complaint.

Health Care Complaints Commission  
Locked Mail Bag 18  
Strawberry Hills NSW 2012  
Telephone: 1800 043 159  
Website: [www.hccc.nsw.gov.au](http://www.hccc.nsw.gov.au)

## Commitment to improvement

The hospital values the contribution of our patients to our continuous improvement program. East Sydney Private Hospital complies with the National Safety and Quality Health Service (NSQHS) Standards and we have a quality management system based on the ISO 9001 standards which ensures our commitment to providing excellence in care to patients and their relatives.

## Pecuniary Interest

The following doctors have a financial interest in the hospital;

David Caminer  
Larry Kalish  
Daniel Novakovic  
David Robinson  
Peter Tsakiris  
Patrick Versace

## Security and Safety Cameras

Patients and visitors are advised that security monitoring cameras are used within public areas of the hospital and car parks.

All cameras and clinical monitoring devices are in accordance with the *Privacy and Personal Information Protection Act 1998* and *Health Records & Information Privacy Act 2002*.

## Getting to East Sydney Private Hospital

Patients attending East Sydney Private Hospital can enter via the corner of Crown and Kennedy Street and take the main lifts to the 4th floor.

### Transport

- **Buses, Trains & Taxis**

Regular bus services can be found in William Street and Crown Street within easy walking distance from the hospital. For timetable information, contact the Transport Infoline on 131 500

- The nearest train station to the hospital is Kings Cross station which is an approx. 10-15 minutes walk.

- **Car Parking**

Car parking facilities are available in the hospital car park which is accessed via Kennedy Street.

Our rates are:

- Free for the first 30mins
- \$10 for upto 2 hours
- \$20 2-4 hours
- \$48 all day parking

All tickets must be validated at Reception. These rates are valid as 1st July 2014.

Additional car parking can be found at The Sydney Boulevard Hotel, 90 William Street (3 min walk), or the Domain Car Park- entry via St Mary's Road (5 min walk).

- **Hotel Accommodation**

Accommodation is available at The Sydney Boulevard Hotel at an discounted rate. Please ring the hospital reception on 9001 2000 and ask for a discount code.

# 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.



For further information please visit [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

**AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE**

## What can I expect from the Australian health system?

MY RIGHTS	WHAT THIS MEANS
<b>Access</b> I have a right to health care.	I can access services to address my healthcare needs.
<b>Safety</b> 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.
<b>Respect</b> 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.
<b>Communication</b> 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.
<b>Participation</b> 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.
<b>Privacy</b> 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.
<b>Comment</b> 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.



# REQUEST FOR ADMISSION

MRN: .....

SURNAME: .....

OTHER NAMES: .....

DOB: ..... SEX: ..... AMO: .....

(Affix Addressograph Label Here)

To be completed by Doctor. Please *PRINT* clearly.

Completed forms should be sent to the Admissions Office:  
Admissions Office – East Sydney Private Hospital, Level 4, 75 Crown St, Woolloomooloo NSW 2011  
PO Box 356, Potts Point NSW 1335 Fax: (02) 9001 2001 Email: admit@esphospital.com

## Please Admit

Mr, Mrs, Ms, Miss, Master: ..... Date of Admission: ..... / ..... / .....

Surname                      Given Names

Address: .....

Telephone: ..... Date of Birth: ..... / ..... / ..... Sex: .....

Home                      Business

Health Fund: ..... Member No: .....

Medicare No: ..... Ref No: ..... Expiry: .....

## Clinical Details

Presenting symptoms: .....

Principal diagnosis, i.e. the condition which best accounts for patient's stay in hospital: .....

Other conditions present: .....

Medications: .....

History of Diabetes:  Yes  No If yes, what type?:  Type 1  Type 2 Treated by:  Insulin injection  Tablet  Diet

**Allergies:** .....

## Operation

Proposed operation/treatment: .....

Date of Operation: ..... / ..... / ..... **Item Numbers:** .....

Expected length of stay:  Day Only  Overnight or longer ..... nights

Expected length of operation: .....

Specific pre-operative instructions (including tests required): .....

Specific surgical equipment requirements i.e. loan sets/prosthesis/implants: .....

## Specific Orders On Admission:

Please list specific instructions you require.  
i.e.: Medications/Pathology/X-Rays/E.C.G. etc.

.....

.....

## Referring Doctor's Details

Name: ..... Signature: .....

DETACH ALONG PERFORATION

REQUEST FOR ADMISSION

MR 1

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# REQUEST/CONSENT FOR MEDICAL PROCEDURE/TREATMENT

MRN: .....

SURNAME: .....

OTHER NAMES: .....

DOB: ..... SEX: ..... AMO: .....

(Affix Addressograph Label Here)

## INFORMATION TO BE PROVIDED BY DOCTOR TO PATIENT (PART A)

I, Dr ..... have informed .....  
(Name of medical practitioner) (Name of patient/guardian)

about the recommended procedure or treatment detailed by me below, including its nature, likely results and material risks.

.....  
.....  
(Name of procedure/treatment)

Procedure Site .....

Procedure side of body:  Right  Left  Both  Not Applicable

..... (Signature of medical practitioner) ..... (Date)

\*If Interpreter present ..... (Name of interpreter) ..... (Signature of interpreter) ..... (Date)

(\* Delete where applicable)

## TO BE COMPLETED BY PATIENT/PERSON RESPONSIBLE (PART B)

I ..... and  
(Name of patient)

Dr ..... have discussed \*my / patient's condition  
(Name of medical practitioner)

The Doctor has recommended the procedure/treatment detailed above.

The doctor has advised me that:

- the procedure/treatment carries some risks and that complications may occur;
- an anaesthetic, medicines, or blood transfusion may be needed and these may have some risks;
- additional procedures or treatment may be needed if the Doctor finds something unexpected;
- the procedure/treatment may not give the expected results even though the procedure/treatment is carried out with due professional care.

I understand the nature of the procedure and that undergoing the procedure/treatment carries risks.

I have the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions.

I understand that I may withdraw my consent.

I (patient) do NOT consent to having a blood or blood products transfusion

I request and consent to the procedure/treatment described above for \*me / my child. I also consent to anaesthetics, medicines or other treatments which could be related to this procedure/treatment.

..... (Signature of \* patient / parent / guardian) ..... (Name of \* patient / parent / guardian) ..... (Date)

..... (Address)

(\* Delete where applicable)

## PATIENT CONSENT TO COLLECT & DISCLOSE INFORMATION

East Sydney Private Hospital staff will be required to collect personal information as part of your pre-admission and hospital stay. In an emergency situation, we may need to collect personal information from relatives or other sources where we are unable to obtain your prior expressed consent.

In the course of your surgery & medical treatment, clinical data and images may be recorded as part of your admission and medical record.

CONSENT: I provide my consent for health professionals of East Sydney Private Hospital to collect, use and disclose my personal information as outlined above and in accordance with NSW and Commonwealth privacy acts – NSW Health Records and Information Privacy Act 2002 and the Privacy and Personal Information Protection Act 1998 & Privacy Amendment (enhancing privacy protection) Act 2012. Please ask for a copy of the Privacy Policy if you would like more information.

..... (Signature of \* patient / parent / guardian) ..... (Name of \* patient / parent / guardian) ..... (Date)

DETACH ALONG PERFORATION

REQUEST/CONSENT FOR MEDICAL PROCEDURE/TREATMENT

MR 2

DETACH ALONG PERFORATION



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MRN: .....  
 SURNAME: .....  
 OTHER NAMES: .....  
 DOB: ..... SEX: ..... AMO: .....  
 (Affix Addressograph Label Here)

**GP / Local Doctor**

Full name of GP: .....  
 GP Address: .....  
 GP Telephone: .....

**How Will You Claim For This Admission (please tick ✓ one box only)**

- Private Health Insurance - Please complete Sections A and C
- Repat/Veterans Affairs - Please complete Entitlements and Section C
- Workcover/Third Party - Please complete Sections B and C
- Uninsured - Please complete Section C only

**Section A: Private Health Insurance**

Fund Name: ..... Membership No: ..... Date Joined: ...../...../.....  
 Type of cover:  Single  Family  Other Level of cover (if known) ..... Has this level of cover changed in the last 12 months?  No  Yes  
 Do you have an excess?  No  Yes Amount \$ ..... Have you paid an excess this year?  No  Yes Amount \$ .....  
 Date aware of present symptoms/condition: .....

**Section B: Workcover or Third Party**

Workcover or  Third Party (Please tick one box)  
 • The approval letter for this admission (from your insurance company) must accompany this form.  
 Insurance Company Details: Name of Insurance Company: .....  
 Claim No: .....  
 Address Street: .....  
 Suburb: ..... State: ..... Postcode: .....  
 Telephone: .....  
 Has your insurance company accepted liability?  Yes  No Please specify reason (if no): .....  
 Workcover Patients Only - Employer Details: Name of Employer: .....  
 Address Street: .....  
 Suburb: ..... State: ..... Postcode: .....  
 Telephone: ..... Date of Accident: ...../...../.....

*Please go to Section C - "Payment of Account"*

**Section C: Payment Of Account - all patients to complete**

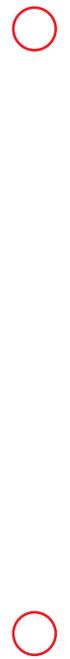
The portion of your estimated hospital fees not covered by a health fund must be paid on admission. Any additional fees incurred during your stay are payable on discharge. I understand and agree to pay all fees relating to my hospital visit, including where my health fund or insurance claim is declined for any reason.  
 I understand that the hospital will not be liable for any valuables I bring to the hospital.

**Hospital Information**

By ticking the following boxes I acknowledge that I have read and understood the information contained within the following:  
 Pre-admission Booklet  Australian Charter of Healthcare Rights  Your right to privacy under the Privacy Act  
 By signing below I declare that I am the person responsible for this account and acknowledge that I have read, understood and agreed to the following conditions of admission:  
 Informed Financial Consent  Payment Information

**Person responsible for payment of accounts** - Please provide your name, signature and today's date.  
 Name: ..... Signature: ..... Date: .....

**Patient's Signature**  
 Signature: ..... Date: .....



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# PATIENT HISTORY FORM

MRN: .....  
 SURNAME: .....  
 OTHER NAMES: .....  
 DOB: ..... SEX: ..... AMO: .....

(Affix Addressograph Label Here)

**To be completed by Patient or Carer.**

Please *PRINT* clearly. Your responses are valuable in planning your admission and caring for you during your stay.

## ADMISSION DETAILS

Please specify the reason for your admission

	NO	YES	COMMENTS OR FURTHER INFORMATION
Is this admission due to a past or present injury?			Cause of Injury: Place: _____ Date / /
Have pathology/blood test/autologous blood been taken for this admission?			Pathologist: Results with:
Have X-rays been taken for this admission?			<input type="checkbox"/> With patient <input type="checkbox"/> With doctor

What is your: Height .....cms Weight .....Kgs Blood Group (If Known) .....

## MEDICATIONS

Have you recently taken blood thinning/arthritis medication (Aspirin Based)?			Name of Medication:
Have you been instructed to cease this medication?			Date last taken / / or still taking <input type="checkbox"/> Yes

Have you taken any steroids or cortisone tablets/injections in the last 6 months?			Name of Medication Date last taken / / or still taking <input type="checkbox"/> Yes
---	--	--	--

Are you taking any other prescription or non-prescription medication? List the medications you currently take (include name of medication). Please bring all medications you are currently taking with you on admission in the original packaging	MEDICATION	FOR TREATMENT OF	FREQUENCY	DAILY DOSE

## GENERAL MEDICAL CONDITION

## SPECIFY DETAILS

Diabetes			<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Unsure Managed by <input type="checkbox"/> Diet <input type="checkbox"/> Tablets <input type="checkbox"/> Insulin
Cancer			Site: _____
Stroke			Date: / / Residual problems
High blood pressure			
Heart attack/chest pain/angina			Date: / /
Palpitations/irregular heart beat/heart murmur			
Pacemaker			Make Model Last checked / /
Prosthetic heart valve			Type
Rheumatic Fever			
Tendency to bleed/bloodclots/DVTs/bruise easily			
Arthritis			
Asthma/bronchitis/pneumonia/hayfever			
Liver disease/hepatitis (Specify type A, B, C)			
Kidney/bladder problems			
Hiatus hernia/gastrointestinal ulcers/bowel disorder			
Thyroid problems			
Epilepsy/fits/febrile convulsions			
Depression/dementia/other mental illness			
Migraines			
Eye disease			
Female patients could you be pregnant?			Number of weeks:
Impairment e.g. vision, hearing, mobility			
History of pressure injuries			

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PATIENT HISTORY FORM

MR 4

**PREVIOUS OPERATIONS / PROCEDURES / ANAESTHETIC DETAILS**

Have you had previous operations, please list dates and operations performed:

Date / / .....  
 Date / / .....

MRN: .....  
 SURNAME: .....  
 OTHER NAMES: .....  
 DOB: ..... SEX: ..... AMO: .....  
 (Affix Addressograph Label Here)

	NO	YES	SPECIFY DETAILS
Have you or anyone in your immediate family ever had a reaction to an anaesthetic? eg. malignant hyperthermia			Details of reaction
Have you ever had a blood transfusion?			Details of any reaction

**PROSTHESIS / AIDS / OTHERS**

Glasses/Contact Lenses			
Hearing aid or other hearing appliance			
Body Piercing			
Dentures/Caps/Crowns/Loose Teeth			
Artificial joints or limbs			
Metal plates/pins			

**LIFESTYLE**

Have you ever smoked?			Daily amount or date ceased / /
Do you drink alcohol?			Daily amount
Do you use recreational drugs?			Type Daily amount
Do you require a special diet?			Type of Diet
Do you exercise?			How often?
Do you require an interpreter?			Language spoken at home
Do you have someone to interpret for you?			Name of Person
Have you a fear of falling or have fallen within the last 6 months?			Do you use mobility aids <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you experienced fainting or dizziness in the last 6 months?			

**ALLERGIES**

Do you have any allergies to medications, food, sticky plaster, latex/rubber (e.g. balloons, gloves) or other substances?			Specify Details and Reaction:
---	--	--	-------------------------------

**INFECTION RISK**

Have you travelled to a country with a health alert in the last 7 days			
Do you have a fever and/or respiratory symptoms eg. cough, sore throat, runny nose			
Have you had recent contact with patient/s diagnosed with Acute Respiratory Infections or Acute Respiratory Illness in the last 7 days (Seasonal of Pandemic) eg. SARs/H5N1 Influenza, either overseas or in Australia, within 7 days of onset of symptoms			
Have you travelled to areas of high prevalence for Acute Respiratory Infections or Acute Respiratory Illness in the last 7 days (Seasonal of Pandemic) eg. SARs/H5N1 Influenza, either overseas or in Australia, within 7 days of onset of symptoms			
Have you ever had MRSA, VRE or ESBL			
Do you have any wounds or breaks on your skin			
Do you have any other conditions or infections			
Have you had vomiting and diarrhoea in the past 48 hours			

**QUESTIONS RELATING TO CREUTZFELDT JAKOB DISEASE**

Have you had a dura mater graft between 1972 - 1989?			
Do you have a family history of 2 or more relatives with CJD or other unspecific progressive neurological disorder?			
Have you received human pituitary hormones (growth hormones, gonadotrophins) prior to 1985?			

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## GETTING HERE

### From the North

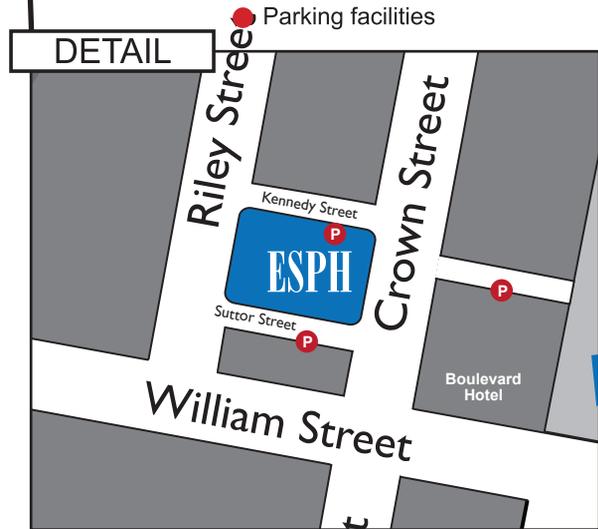
Coming from North Sydney, enter the Harbour Tunnel heading south. On exiting the tunnel, take the **CITY - WOOLLOOMOLOO** exit. Then turn right at **Cowper Wharf Road** (City/City North). Turn immediate left into Sir John Young Crescent. At roundabout, turn left into **Crown Street**. Then turn right into **Kennedy Street** and the entrance to our parking and the entrance to the Hospital will be immediately on your left.

### From the South and West

Proceed along the **M1** and take the **KINGS CROSS** exit. At **William Street**, turn left and then right into **Riley Street**. Then turn right into **Kennedy Street** and the entrance to our parking and the entrance to the Hospital will be immediately on your right.

### From the East

From **New South Head Road**, proceed along **William Street** into the Kings Cross tunnel. Do not enter the Cross City tunnel. Proceed along **William street** towards the city then turn right into **Riley Street**. Then turn right into **Kennedy Street** and the entrance to our parking and the entrance to the Hospital will be immediately on your right.



### East Sydney Private Hospital

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 E: [admit@eastsydneyprivatehospital.com](mailto:admit@eastsydneyprivatehospital.com)  
[www.eastsydneyprivatehospital.com](http://www.eastsydneyprivatehospital.com)