



Admission Form

The following information is a legal requirement that must be filled out and posted back prior to your procedure.
This will also help to ensure a successful outcome of your local anaesthetic surgery.

Date of surgery:	Previous Admission to NDS:
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<u>Personal Details</u>	
Mr/Mrs/Miss/Dr Surname: _____	Given Name: _____
Date of Birth: _____	Age: _____
Address: _____ _____	
Occupation : _____	Surgeon: _____
G.P: _____	

<u>Next of Kin contact details</u>	
Name: _____	Relationship: _____
Contact phone number: _____ Work _____ Mobile: _____	

<u>Please list all medications prescribed by your Doctor.</u>		
Medication	Dose	How often
.....
.....
.....
.....
.....

If you take any medications regularly that effect bleeding (eg: Warfarin, Pradaxa (Dabigatran), Aspirin, Cartia, Arnica) and have not discussed this with your surgeon, please call your Surgeons rooms and make sure they are aware of this.

<u>Please list any medications you have had an allergy or sensitivities to in the past.</u>	
Medication	Reaction (if known)
.....
.....
.....



Please complete over the page

<u>General Health</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Hard of hearing/ hearing aids	<input type="checkbox"/>	<input type="checkbox"/>	_____
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart disease e.g. angina, MI	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stroke, CVA	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spinal complaints	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epileptic fits	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bleeding disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____
HIV or Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you smoke? If yes how many	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you have Private Health Insurance, if so with whom? _____

WHY IS INFORMATION COLLECTED?

Nelson Day Surgery only collects information that is needed to ensure your best possible care and to manage the Health Service effectively. Your previous medical history will help us to identify which treatments are likely to be safe and effective for you. To help look after your own health we ask that you provide us with accurate and complete information.

THE IMPORTANCE OF ACCURATE UP-TO-DATE INFORMATION

When you are admitted, please let reception staff know if your name, address contact details or your local doctor’s contact details have changed since your last admission. It is extremely important that we have the correct details. Should an emergency arise and we need to contact your person to notify, we need the correct phone numbers to be documented on this form.

YOUR AGREEMENT TO OUR PAYMENT TERMS

Where payment terms are approved in advance, we require full payment of our invoice within 14 days and reserve the right to refer any outstanding debts to an external company for collection. The fees incurred in that collection are charged to the patient's account and become part of the outstanding debt. There could be an extra cost to you for any equipment and or material used during your surgery.

Your estimate that was supplied by the surgeon should be used as an estimate only. While it is likely to be the total cost it may vary if it is deemed necessary during surgery to use extra equipment or consumables to complete the surgery in the safest manner to give the best possible outcome.

I agree to the above terms:	
<u>Patient’s signature</u>	<u>Date</u>
If patient is under 16 years old, Caregiver agrees to above terms:	
<u>Caregiver’s signature Relationship to patient</u>	<u>Date</u>



Please post this form back to Nelson Day Surgery in the supplied SAE at least one week prior to your surgery.