

Pre-Admission Details

FORM MUST BE RETURNED AT LEAST 5 DAYS PRIOR TO ADMISSION TO CONFIRM BOOKING
PLEASE EMAIL TO reception@chds.net.au or ring (03) 9771 7177

Referring General Practitioner: (Name & Address)	
Date of Admission/ Operation/ Procedure:	Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>
Operation/Procedure:	
Have you been hospitalised anywhere in the last seven days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Hospital _____	

PATIENT DETAILS – please print as your name appears on your Medicare card

Title:	Surname:	Previous Surname
Given Names:		
Address:		Age:
Phone (H)	Phone (B)	Phone (Mobile)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth:	Marital Status
Country of Birth (If Australia, which State):	Are you an Australian Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Religion:	Are you of Aboriginal/Torres Straight Island Descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medicare No.:	Patient's Reference No	Expiry Date
Pension No./Health Care Card <input type="checkbox"/> Full <input type="checkbox"/> Part	Expiry Date	Safety Net No. Veteran's Affairs No

If you are **diabetic**, tick on diet only diabetic medication on insulin
 On **blood thinning tablets**, tick Warfarin (Coumadin), Plavix (Clopidogrel), Apixaban (Eliquis),
 Dabigatran (Pradaxa), Edoxaban (Lixiana), Rivaroxaban (Xarelto), Others _____
 Taking **weight loss injections** stop at least **2 weeks before** or we will have to postpone your procedure, tick
 Ozempic, Mounjaro, Savenda), Others _____

HEALTH FUND INSURER

Fund:	Membership No.:	Level of Cover:
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PICK-UP PERSON / OVERNIGHT CARER / DISCHARGE PLANNING ORGANISED BEFORE PROCEDURE

Name:	Relationship	Contact No.:
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CONSENT FOR AMBULANCE VICTORIA (AV)

DIRECTIVES FROM THE STATE GOV. FROM 1 JULY 2014 REGARDING AMBULANCE VICTORIA
 Ambulance subscription: Yes / No If yes, (please circle) Ambulance Victoria or Private Health Fund (Name)
 Ambulance Victoria membership no. Date joined:
 If at anytime our Staff have to ring **Ambulance Victoria** for **Emergency or Non-Emergency Transport**, the cost of the Ambulance Service will be sent to us. We will then forward the bill to you. This has to be paid within a week. **(Note* AV does not cover Pensioners and HCC holders anymore and you may be out of pocket more than \$560 for each transport)**
 I have read & understand the TERM AND CONDITION of booking Ambulance Victoria transport and agree to be bound by these.
Patient to Sign..... **DATE**.....

NOTE* NIL INSURED PATIENTS FOR GASTROSCOPY & COLONOSCOPY

In order to be more efficient and a saving for all nil insured patients, there will be an extra fee of \$100 to be paid on the day, after the procedure, **if polyps are removed**. This is so you do not have to come in another day to have the procedure done. You do not have to go through all the trouble of another appointment, taking another day off, another bowel preparation (for colonoscopy patients), organise transport, etc. The procedure may however take a little longer but a saving for you and well worth the hassle of coming in again. **PTO**



Patient Privacy Information

DEAR PATIENT,

Please make an appointment to see your GP before your procedure and **request a copy of your current Medical history** and the **pathology report** if you **had a colonoscopy in the past 5 years**, to be attached to these forms for our records.

If **you are a diabetic, having colonoscopy** and taking any of these new drugs (**Forxiga, Xigduo XR, Jardiance, Jardiamet, Steglatro, Segluromet or Steglujan**) you need to **see your GP or Endocrinologist**. You will need to **stop these 3 days before** admission and **will need a substitute drug** to control your diabetes.

If you are taking **any blood thinning tablets such as** Plavix, Iscover, Clopidogrel, Coplavix, Prasegrel, Pradexa or Warfarin, you **need to see your GP or Cardiologist to stop at least 5 days before** as they can cause excessive bleeding. You **may need a substitute drug**.

The following describes how your health information may be used and disclosed and how you can get access to this information. Please review it carefully.

Your health information is information about you collected by Chelsea Heights Day Surgery in providing a health service to you. Typically, it includes information relating to your symptoms, examination and test results, diagnosis, treatment and care information as well as admission and registration information.

Chelsea Heights Day Surgery proposes to collect *health information* from you for the following purposes:

- To process your registration, admission and discharge
- To ensure that each health care professional involved in your care has all the facts

The intended recipients of your health information are:

- Clinical staff within Chelsea Heights Day Surgery
- Data service providers engaged by Chelsea Heights Day Surgery from time to time
- Department of Human Services or other governmental departments, where disclosure is obliged by law

The supply of the information by you is voluntary, except where required under law. However, should you not supply the information, or supply only part of it; it may compromise your future care or treatment, particularly where the information is necessary for your required care or treatment.

If you have already provided information and consent for its use and disclosure but you have changed your mind, you can make a written application to revoke your earlier consent.

You have a right to request access to, and to request correction of, your health information in accordance with the relevant legislation. Further information about these procedures and privacy protection in general is available from the Director of Nursing.

You can be assured that the privacy and confidentiality of the health information held about you will be respected.

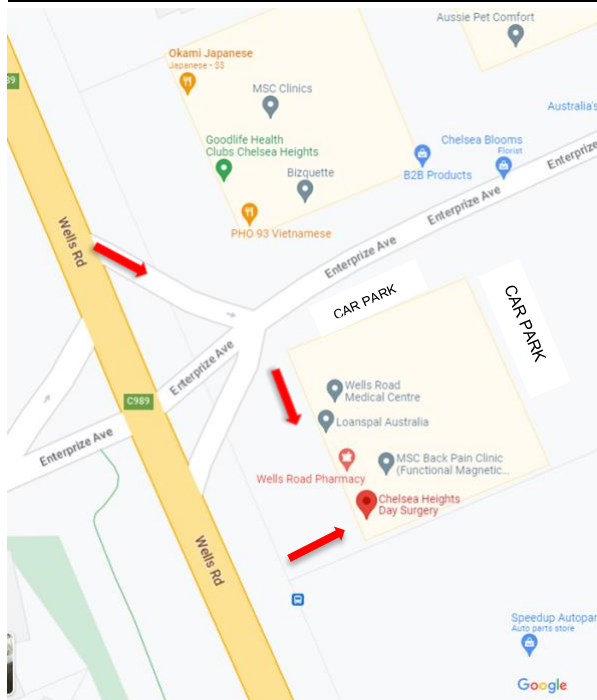
You can access your **Rights & Responsibilities information** on

(Australian Charter of Healthcare Rights in Victoria in 25 community languages:

https://www.safetyandquality.gov.au/publications-and-resources/resource-library?f%5B0%5D=publication_date%3A99&f%5B1%5D=topics%3A59)

Contact Details (In Person or By Mail):

Director of Nursing, Chelsea Heights Day Surgery, 93 Wells Road, Chelsea Heights, VIC 3196



We are on the opposite end of Wells Rd Medical Centre, next to the Pharmacy.