



**MONASH HOUSE**  
Private Hospital

## ADMISSION INFORMATION BOOKLET



**Please complete the four forms at the back of the booklet, and return them either by email, post or deliver them to the Hospital as soon as possible.**

**The Hospital will attempt to telephone you before your admission to confirm your information.**

Admission Date : ..... / ..... / .....

Admission Time : .....

Fasting Time : .....

### IMPORTANT

**FORMS MUST BE RETURNED IMMEDIATELY TO CONFIRM BOOKING**

**Thank you for choosing our Hospital**

# Checklist for Admission Forms

Pre-admission is an important part of your hospital care. To ensure we can confirm your admission, financial and other arrangements, **we ask that you follow the prompts below.**

- 1. Please read each page of this booklet
  - 2. Complete the two Admission Forms located at the rear of this booklet:
    - Pg 1 & 2 of 4: MR 031 Pre Admission Registration
    - Pg 3 & 4 of 4: MR 033 Patient History
  - 3. Scan all the completed Forms from this booklet and email to admissions@monashhouse.com.au
- OR
- 4. Deliver the Forms to Monash House Private Hospital reception desk
- OR
- 5. Post to Monash House Private Hospital - 271 Clayton Road, Clayton VIC 3168

**PLEASE DO NOT RETURN THE ENTIRE BOOKLET - only the pages you have filled out**

## WHAT TO BRING INTO HOSPITAL

- HEALTH FUND DETAILS
- MEDICARE CARD
- AMBULANCE DETAILS
- DVA CARD
- LETTER OF APPROVAL WORKCOVER / TAC
- PHARMACY ENTITLEMENT CARD
- RELEVANT X-RAY SCANS
- PACEMAKER DETAILS
- COPY OF INTERNATIONAL PASSPORT (IF OVERSEAS NATIONAL)
- MEDICATION IN ORIGINAL PACKAGING
- A CURRENT LIST OF MEDICATIONS

## Surgical Information

### Prior to Admission

Please complete the admission forms and email, post or deliver them to the hospital as soon as possible. If it is less than 48 hours prior to admission please phone (03) 8394 0700.

We recommend that prior to admission you consider the following:

That you should ensure that you have someone to collect and accompany you home after the procedure. It is also

important that you have arranged for a responsible adult to be with you at home for a period of time following your discharge.

You will need to consider how you will manage daily activities, such as personal care, meals, shopping etc after discharge.

This requires some thought, planning and involvement of family and friends. It may be appropriate to discuss the timing of your surgery with your support people to ensure that they are available. It is often possible to schedule surgery at a more convenient date and this should be discussed with your doctor.

If you need further guidance in this matter, **please contact the hospital on (03) 8394 0700, between 9am - 5pm**

## On the Day of Admission

### Please bring for Overnight Admissions:

- Nightgown and/or pyjamas
- Dressing gown and slippers
- Personal toiletries (soap, shampoo etc)
- Current medications in original packaging
- Personal details including Medicare card, Health Insurance details/book/card, Veterans Affairs and Pharmaceutical entitlements (if applicable)
- Relevant recent X-rays

### On the day of admission:

- DO NOT eat or drink anything including water after midnight for morning surgery
- DO NOT eat or drink anything including water after 7am for afternoon surgery (prior to 7am have a light breakfast Eg. tea and toast)
- DO NOT smoke, chew gum or suck lollies
- DO NOT wear jewellery (wedding ring and watch are permitted)
- DO NOT wear make-up or nail polish

**It is important that you have a shower on the day of your surgery, however;**

- DO NOT use talcum powder

## Day Patients

If you are coming in to hospital as a day only patient (no overnight stay) then there are a couple of important things to note.

Prior to your discharge you will be given instructions to follow when you get home. These instructions provide information about the routine care required following your procedure. Please clarify any concerns or questions before you leave. At home, if you have any other concerns please contact your doctor or general practitioner.

The major effects of your anaesthetic or sedation wear off quickly, however minor effects on memory, balance and muscle function may persist for some hours. These effects vary from person to person and are not individually predictable. Because of this please note the following.

### **Important information:**

- **You are not permitted to drive within 24 hours after a general anaesthetic or 12 hours after a local anaesthetic**
- **You should be accompanied by a relative or friend from Day Surgery to home and it is strongly advised that an adult stay with you overnight following discharge**
- **You should not operate machinery, schedule any important meetings or sign legal papers for 24 hours after your procedure**
- **Check with your Nurse / Doctor about continuing medication, followup appointments etc**
- **Please collect any Xrays or medications brought with you on admission**

## Overnight patients

For patients staying overnight at the hospital, please check the hospital website for information regarding the services and facilities that are available to you during your stay such as internet access, telephones, televisions, visiting hours and other relevant information.

All overnight patients must gain permission from their treating doctor if any leave from hospital is desired i.e. day leave whilst still a patient.

There is some important information that we would like to share with you here about keeping safe and well during your stay in our hospital:

### **Acknowledgment of Consent**

If you are having a procedure, certain treatments or investigations, you are required to complete a 'Consent for Treatment' form. Your doctor is responsible for ensuring you are adequately informed of the proposed treatment or procedure before completing the consent form.

If a staff member is exposed to your blood or other body fluids through a sharps/needlestick injury or by other means, your permission will be sought to test your blood for infective agents that could have been transmitted.

### **Medical Treatment Act**

If you have appointed an Enduring Power of Attorney (Medical Treatment Act) and/or completed a Refusal of Treatment Certificate and want them applied to your hospital admission, please bring the forms with you and inform the ward nurse on your admission.

If you have an Advanced care directive and treatment limiting order, please bring this with you and inform your admitting nurse.

## **Complaints / Concerns about your Care or the hospital environment and Suggestions for Improvement**

During your stay, you will have access to a Patient Compendium which details how you can make a complaint or suggest improvements in care and services.

Any concerns should be directed, in the first instance, to the Nurse Unit Manager of your unit. Monash House Private Hospital's Patient Liason Officer is the Director of Nursing who acts as a facilitator to resolve complaints while ensuring that rights and interests of both the patient and Monash House Private Hospital are protected.

The feedback provided by complaints is used to enhance Monash House Private Hospital's quality of care and improve services.

### **Health Services Commissioner**

The Office of the Health Services Commissioner is independent and facilitates the resolution of consumer complaints about health services. The Office of the Health Services Commissioner may be contacted on 8601 5200.

### **Infection Control**

This hospital is committed to providing all patients with the highest quality of care by preventing the spread of infection.

Hand washing, high standards of housekeeping, and the use of sterile techniques and equipment are all part of our service to ensure your speedy recovery and to reduce the risk of infection.

Patients and visitors also have a role to play in reducing the risk of infection to themselves and other patients. Here are a few very simple guidelines:

- Hand hygiene is the most effective way to prevent the spread of infection. Alcohol based handrubs are a very effective form of hand hygiene and are located at strategic locations in the hospital. We encourage all patients and visitors to use these.
- We ask that people do not visit the hospital if they have gastroenteritis or other contagious diseases.

### **Falls Prevention**

The unfamiliar environment of a hospital combined with the fact that you may be on medication or fatigued can increase the likelihood of falls in hospital. Below are a few ways that you can reduce the risk of falling whilst in hospital:

- Take special care when walking, particularly if you are on pain-relieving drugs or other medications
- Ensure you know the layout of your room / unit and take care when moving around at night. Please use your call bell if you need assistance
- Check the floors in your area to ensure they are not wet before walking. Avoid using talcum powder which makes floors slippery

- Ask your nurses for assistance if you need to use the toilet and feel unsteady on your feet
- Loose or full-length clothing can cause you to trip. Ensure your clothing is the right length for you
- Check that your slippers or other footwear fit securely. If your doctor has requested you to wear pressure stockings then it is a good idea to also wear slippers over the top to reduce the risk that you may slip. Rubber soled slippers are ideal footwear whilst in hospital

## Medication Safety

Please provide your nurse with any tablets or medicines (or prescriptions for these) that you have been taking before admission. These will be secured in a personal drug cabinet. Any additional medication you require while in hospital will be ordered by your doctor and supplied to you. When you are discharged, medications that you are required to take will be provided to you to take home.

## Pressure Injury Prevention

A pressure injury is a localised injury to the skin and / or underlying tissue, usually located over a bony prominence as a result of unrelieved pressure or friction. They may look minor, such as redness on the skin, 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. Special equipment such as air mattresses and booties may be used to reduce the pressure in particular places.

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. In addition, there are a number of risk factors to blood clotting including previous strokes, inherited blood clotting abnormalities, lung disease, being overweight, having had major surgery or heart failure, smoking or taking contraceptive 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 or sleeves, or they will provide you with blood thinning medication.

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

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

## Recognising and responding to patient deterioration in hospital

Monash House Private Hospital has strict policies and procedures to follow in the event of any patient/visitor deterioration in condition. There is a clinical review system that will respond quickly once an emergency call is made. We welcome your reporting and/or your families/carers or friends reporting in relation to feeling that you or someone else is not their 'usual' self or that something is not right and requiring urgent staff attention.

## Your Feedback

At Monash House Private Hospital we welcome your feedback. A Feedback, Compliment and Complaint form is available for this purpose.

## Patient / Carer Involvement

We take a holistic approach to your patient journey from preadmission to discharge. We encourage family/carer involvement in all aspects of your care. Bedside handover of your care occurs between nurses at changeover of shift times, we encourage your involvement and that of your partner/family/carer at these times. On admission, please ask for a patient/carer leaflet on bedside handover if you want more information on this process. A communication board will be located in your room, it outlines your care for the day and tells you the name of your nurse for each shift. You and your carer are encouraged to be involved in the filling in of your individual communication board.

## Food & Catering Services

If you require specially prepared meals please inform the catering or nursing staff on admission. If you suffer from severe food allergies please contact the Reception Team Leader prior to admission.

Food or alcoholic drinks should not be brought in to you by visitors without the consent of doctors or nursing staff.

# Information about the Hospital

## Visiting Hours

The hospital visiting hours are 2pm - 8pm daily.

Children visiting the hospital are welcome, but we ask that they be accompanied by an adult at all times.

## Parking

Limited parking is available on site. Day and time restrictions apply to street parking. Further information is available at the front reception desk.

## During your stay

For overnight patients a bedside telephone is available for your use. Local calls are free of charge.

Televisions are in each room and are provided free of charge. Wireless internet is also provided. Your own laptop will be required.

Any mail you receive will be delivered to your room.

Smoking is not permitted in the hospital.

# Patient Account Information

## Accounts/Fees

If you are a member of a health fund it is important prior to your admission to check with them regarding the following:

- a. That your level of Health Fund Cover adequately covers the cost of the procedure and accommodation outlined in the Pre-Admission Form.
  - b. If an excess co-payment is payable for this admission.
  - c. If you have been a member of your Health Fund for less than 12 months your fund may not accept liability for the costs of this admission. eg. If your condition or any symptoms of your condition existed prior to your joining. If there is a question regarding pre-existing symptoms, your health fund has the option to obtain details in this regard from your GP or specialist.
  - d. If the procedure you are having is restricted or excluded from your cover, the Health Fund will not cover your procedure or accommodation.
- Pharmacy and pathology imaging and x-ray may attract an additional charge
  - Please note that medical practitioners', allied health practitioners' and anaesthetists' fees are billed separately by each practitioner

## Informed Financial Consent

All patients who have any out of pocket expenses (such as excess, co-payments etc.) will be contacted via phone, at a minimum, the day prior to admission to be informed of the amount payable prior to admission. On admission, all patients will receive an "Informed Financial Consent" Form which outlines the costs associated with your admission to Monash House Private Hospital.

## Payment Procedure

- **Private Patients** – the portion of your estimated hospital account not covered by your health fund, eg. an excess co-payment, must be paid on admission. Any additional costs incurred during your stay are payable prior to discharge or after discharge. eg. Discharge Pharmacy Costs and some investigations. On admission, you will be required to leave your credit

card details as an authorisation for the hospital to charge you for any Additional Charges that may be incurred during your hospital stay

- **Repatriation (DVA) Patients** – the hospital will lodge a claim on your behalf. Any additional costs incurred during your stay are payable prior to discharge or upon request eg Discharge Pharmacy Costs and some investigations
- **Work Cover Patients** – total payment (aside from any ancillary charges) must be made on admission unless approval for admission has been confirmed by WorkCover
- **Third Party Patients** – total payment (aside from any ancillary charges) must be made on admission unless approval for admission has been confirmed
- **Self Insured Patients** – total payment (aside from any ancillary charges) must be made on admission. Other costs which may be incurred during your stay are payable on discharge or after discharge

Please bring provision for payment of these fees on admission to hospital. Payment may be made by cash, cheque, credit card or eftpos. Personal cheques are not accepted.

## Discharge Information

Discharge planning is a vital component of your stay at Monash House Private. If you are having a Day Procedure you will be discharged once you have met all of the appropriate discharge criteria and the nursing staff deem you fit for discharge.

You must arrange to be accompanied home by a responsible adult.

If you are staying overnight or multiple days you will be discharged following the approval of your admitting Doctor.

### Discharge time is 9.30am

Should you request a late discharge for other than medical reasons, a late discharge fee may apply.

## VALUABLES

It is strongly recommended that you do not bring jewellery or large amounts of money to hospital.

Monash House Private Hospital does not accept responsibility or liability for any items brought into the hospital.

Our experienced and dedicated staff look forward to caring for you during your stay.

# 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

#### **Access**

I have a right to health care.

I can access services to address my healthcare needs.

#### **Safety**

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.

#### **Respect**

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.

#### **Communication**

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.

#### **Participation**

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.

#### **Privacy**

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.

#### **Comment**

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.



**MONASH HOUSE**  
Private Hospital

271 Clayton Road, Clayton VIC 3168  
T (03) 8394 0700 F (03) 8394 0710

OFFICE USE ONLY

MRN: ..... Sex: ..... Age: .....

Surname: .....

Given Names: .....

Date of Birth: ..... / ..... / ..... Doctor: .....

# PRE ADMISSION REGISTRATION

MAY 2016

## ADMISSION DETAILS (PATIENT TO COMPLETE)

ADMISSION TYPE:  Overnight Stay  Day Stay Time of Admission: .....

Date of Admission: Day: ..... Month: ..... Year: .....

Date of Operation: Day: ..... Month: ..... Year: .....

Admitting Doctor: .....

Admission Diagnosis: .....

Procedure / Treatment: .....

## ADMISSION RELATED TO AN INJURY

Is your admission to hospital for treatment of an injury?  Yes  No If Yes, date of injury: ..... / ..... / .....

How did the injury occur? Car accident / Work / Sport / Other .....

Please specify: .....

Where did the injury occur? Roadway / Home / Work / Sports Area / Other .....

Please specify: .....

## PERSONAL DETAILS

Title: ..... Surname: ..... Previous Surname (if applicable): .....

Given Names: ..... Preferred Name: .....

Address: ..... Suburb: ..... State: .....

Postcode: ..... Telephone (Home): ..... (Business): ..... Mobile: .....

What is your sex?  Male  Female Date of Birth: ..... / ..... / ..... Age: .....

Is this admission for a child?  Yes  No

What is your marital status?  Single  Married  De facto  Separated  Divorced  Widowed

Could you be pregnant?  Yes  No If so, how many weeks? .....

Occupation: .....

Are you an Australian Resident?  Yes  No Country of Birth: ..... If Australia, specify state .....

Are you of Aboriginal / Torres Strait Islander (TSI) descent?

No  Yes, Aboriginal  Yes, TSI  Yes, both Aboriginal and TSI

Religion: ..... Interpreter required?  Yes  No Language: .....

## PERSON TO CONTACT (NEXT OF KIN)

Name: ..... Relationship to Patient: .....

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

Telephone (Home): ..... (Business): ..... Mobile: .....

Second Contact / Power of Attorney: ..... Telephone: .....

## GP / LOCAL DOCTOR

## REFERRING DOCTOR (RD)

|                        |                        |
|------------------------|------------------------|
| Full name of GP: ..... | Full name of RD: ..... |
| GP Address: .....      | RD Address: .....      |
| GP Telephone: .....    | RD Telephone: .....    |
| GP Facsimile: .....    | RD Facsimile: .....    |
| GP Email: .....        | RD Email: .....        |

## PREVIOUS HOSPITALISATION

Have you been admitted to an overseas hospital in the past 6 months?  Yes  No

Have you previously been treated at this Hospital?  Yes  No Year: .....

Have you been hospitalised within 7 days prior to this admission?  Yes  No

Which Hospital? ..... Dates: .....

DETACH ALONG PERFORATION

BINDING MARGIN - DO NOT WRITE

PRE ADMISSION REGISTRATION MR 031

**IF YOU HAVE AN ENTITLEMENT CARD: PENSION, HEALTH CARE, REPATRIATION OR SAFETY NET CARD  
PLEASE COMPLETE THIS SECTION TO ENSURE THAT YOUR MEDICATION IS BILLED AT THE RIGHT AMOUNT.**

**ENTITLEMENTS**

Medicare Card No: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Medicare Reference No: ..... (the reference number is allocated beside the name of each family member)

Medicare Card Expiry Date: ..... / ..... / .....

Pension/Health Care Card No: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Expiry Date: ..... / ..... / .....

DVA No: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  Card colour:  White  Gold  Other

Do you wish to be visited by a member of an Ex-Service Organisation?  Yes, please organise  No

Safety Net Card No: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**HOW WILL THIS ADMISSION BE CLAIMED (PLEASE TICK)**

Private Health Insurance - Please complete Sections A and C

Workcover/Third Party/TAC - Please complete Sections B and C

Repat/Veterans Affairs - Please complete Entitlements and Section C

Uninsured - Please complete Section C only

**SECTION A: PRIVATE HEALTH INSURANCE**

Health Fund Name: ..... Membership No: ..... Date Joined: ..... / ..... / .....

Has this level of cover changed in the last 12 months?  Yes  No

Type of cover:  Single  Family  Other Level of cover (if known) .....

Do you have an excess?  Yes  No Amount \$ .....

Have you paid an excess this year?  Yes  No Amount \$ .....

Ambulance Membership No: ..... Expiry Date: ..... / ..... / ..... Membership current?  Yes  No

**SECTION B: WORKCOVER / TAC OR THIRD PARTY**

Workcover or  Third Party or  TAC (Please tick one box)

**PLEASE NOTE:** The approval letter for this admission (from your insurance company/TAC) must accompany this form

Insurance Company Details: Name of Insurance Company: .....

Street Address: .....

Suburb: ..... State: ..... Postcode: .....

Telephone: ..... Claim No: ..... Authorised by: .....

Has your insurance company / TAC accepted liability?  Yes  No

Please specify reason (if no): .....

Date of Accident: .....

Workcover Patients Only - Employer Details: Name of Employer: .....

Address Street: .....

Suburb: ..... State: ..... Postcode: .....

Telephone: .....

Has your employer completed a Report of Injury Form?:  Yes  No

Have you completed a Workcover Claim Form?:  Yes  No

**SECTION C: PERSON RESPONSIBLE FOR ACCOUNT**

Name: ..... Relationship to patient: .....

Address Street: ..... Suburb: ..... State: .....

Postcode: ..... Telephone (Home): ..... (Business): ..... Mobile: .....

**PRIVACY STATEMENT / RIGHTS & RESPONSIBILITIES**

I hereby authorise the Hospital to collect, use and disclose my information.

I understand that the hospital will not be liable for any valuables I bring to the hospital.

I am aware of my rights and responsibilities per the Australian Charter of Healthcare Rights.

I consent to a visit from a religious representative.

I consent to receive an informal visit from a member of the local veteran community.

Signature of Patient / Guardian: ..... Date: ..... / ..... / .....

Are you happy to be sent a patient satisfaction survey after discharge from the hospital?  Yes  No

BINDING MARGIN - DO NOT WRITE

DETACH ALONG PERFORATION





**MONASH HOUSE**  
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271 Clayton Road, Clayton VIC 3168  
T (03) 8394 0700 F (03) 8394 0710

**PATIENT HISTORY**

OFFICE USE ONLY

MRN: ..... Sex: ..... Age: .....

Surname: .....

Given Names: .....

Date of Birth: ..... / ..... / ..... Doctor: .....

MAY 2016

What is your height:                      Weight:                      Blood group (if known):

**ADMISSION DETAILS**                      **YES**   **NO**   **IF YES, PLEASE ADD COMMENTS/DETAILS**

Have you had any blood tests taken?                      Date:   /   /   Company:

Have you donated your own blood?                      Number of units:

Have you had any Xrays taken?                      Company:

**ALLERGIES** Have you had any reaction to the following:                      **YES**   **NO**   **IF YES, PLEASE ADD COMMENTS/DETAILS**

Medications    Tapes    Lotions    Food

Latex / rubber (ballons, gloves)                     

**MEDICATIONS:** Have you recently taken the following medications?                      **YES**   **NO**   **IF YES, DATE LAST TAKEN / DATE TO BE CEASED**

Warfarin / Coumadin                     

Blood thinning / Aspirin based                     

Clopidogrel / Plavix / Iscover /Apixaban / Dabigatran / Rivaroxaban, Prasugrel & Ticagrelor

Anti inflammatory / Arthritis    Cortisone / Steroids

**IMPORTANT:** Please bring a profile or list to hospital of all medications especially anti-coagulant or blood thinning therapy as well as other tablets, puffers, patches, injections, nebulisers, ointments, drops and including non-prescription medications and herbal supplements. **IF STAYING OVERNIGHT:** please bring medications in the correct packaging.

| Medication | Dose | Frequency | Medication | Dose | Frequency |
|------------|------|-----------|------------|------|-----------|
|            |      |           |            |      |           |
|            |      |           |            |      |           |
|            |      |           |            |      |           |

**CURRENT & PAST MEDICAL HISTORY:**                      **YES**   **NO**   **IF YES, PLEASE ADD COMMENTS/DETAILS**

Have you had or do you have any of the following?:

Diabetes Type 1    Type 2    Unsure                      Managed with:

High blood pressure    Low blood pressure

Heart attack    Angina    Chest pain

Palpitations    Irregular heart beat

Heart murmur    Atrial fibrillation

Pacemaker    Heart valve replaced                      Bring pacemaker details with you/or attach

Heart surgery    Rheumatic fever

Asthma    Bronchitis    Hayfever

Pneumonia    TB

Stroke    TIAs

Tendency to bleed/bruise    Anaemia

Blood Disorder                     

Blood clot in legs    Blood clot in lungs                     

Liver disease    Hepatitis (A, B, C)

Are you at increased risk of HIV and Hepatitis?

Recent cold    Flu    Other infection

Kidney problems                      Describe:

Bladder problems (eg. difficulty passing urine, incontinence etc.)

Gastric ulcers    Hiatus hernia    Bowel problems

Sleep disorder    Snoring    Sleep Apnoea

Epilepsy    Fits

Pressure injury/ulcers    Reflux disease                       If deemed a pressure risk, nurses to fill in MR 250

Depression    Other mental illness:                      Describe:

Dementia    Alzheimers    Parkinsons

Have you experienced fainting, dizziness or had a fall over the last 12 mnths? Falls risk assessment to be completed if deemed at risk - MR 050                     

Female patients: Could you be pregnant?                      If so, how many weeks?

Do you have problems sleeping?

Do you have pain?

Other medical conditions (eg. cancer, family history of cancer, arthritis etc.)

DETACH ALONG PERFORATION

BINDING MARGIN - DO NOT WRITE

PATIENT HISTORY

MR 033

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PAST ANAESTHETIC DETAILS** **YES** **NO** **IF YES, PLEASE ADD COMMENTS/DETAILS**

Have you/your family ever reacted to an anaesthetic?  YES  NO  
 Have you ever had a blood transfusion?  YES  NO

**CLASSICAL CREUTZFELDT-JAKOB DISEASE (CJD)** **YES** **NO** **COMMENTS**  **Infection Risk**

Are you having an operation on your: brain, pituitary gland, spinal cord, nerve root ganglia, retina, optic nerve or having facial maxillary surgery? If you are unsure please tick YES.  
 If yes, please answer the following 6 questions otherwise continue on to the next section

1. Do you think you may have cCJD?  YES  NO  
 2. Do you have a first degree relative with cCJD?  YES  NO  
 3. Have you an unexplained progressive neurological illness of < 12 mths?  YES  NO  
 4. Have you a history of receiving human pituitary hormone for infertility or human growth hormone for short stature (prior to 1986)?  YES  NO  
 5. Have you previously had brain or spinal cord surgery that included a dura mater graft (prior to 1990)?  YES  NO  
 6. Have you been involved in a look back for cCJD or have a "medical-in-confidence" letter regarding your risk for cCJD?  YES  NO

**PROSTHESIS / AIDS** **YES** **NO** **IF YES, PLEASE ADD COMMENTS/DETAILS**

Visual impairment  YES  NO  Glasses  Contacts  
 Hearing impairment  YES  NO  Hearing Aids  Other  
 Dentures  YES  NO  Top  Bottom  
 Teeth  YES  NO  Caps  Crowns  Loose teeth  
 Implants  YES  NO  Plates  Pins  Joints **Location:**  
 Walking aids  YES  NO  Frame  Crutches  Stick

**LIFESTYLE** **YES** **NO** **IF YES, PLEASE ADD COMMENTS/DETAILS**

Have you ever smoked?  YES  NO Amount: \_\_\_\_\_ Date ceased: \_\_\_\_\_  
 Alcohol/recreation drugs  YES  NO Amount: \_\_\_\_\_ Type: \_\_\_\_\_  
 Have you lost weight recently or unintentionally?  YES  NO If yes, nurses to follow malnutrition guidelines  
 Special diet required or diet restriction  YES  NO  
 Do you require an interpreter?  YES  NO Organised with: \_\_\_\_\_

**ENDURING POWER OF ATTORNEY**

Do you have a current Advance Care Directive?  Yes  No  Copy given to nursing staff  
 Do you have enduring power of attorney, health & medical guardian?  Yes  No  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLANNING FOR YOUR SAFE DISCHARGE** **YES** **NO** **IF YES, PLEASE ADD COMMENTS/DETAILS**

Do you live alone?  YES  NO  
 Are you the carer of another person?  YES  NO  
 Do you currently receive community services?  YES  NO Name of service(s): \_\_\_\_\_  
 Do you require assistance with any aspect of day to day living?  YES  NO  
 Will you need us to organise any support services following your discharge?  YES  NO Name of service(s): \_\_\_\_\_

Who will care for you after discharge from Hospital? \_\_\_\_\_ Relationship:  Family  Friend  Other  
 Where do you plan to go after discharge? \_\_\_\_\_ How will you get there? \_\_\_\_\_  
 How long do you expect to stay in Hospital? \_\_\_\_\_ Do you have concerns or questions about coming into Hospital? \_\_\_\_\_  
 Person completing this form?  Patient  Relative  Nurse  Other \_\_\_\_\_

**NURSE TO COMPLETE**  IF YES TO ANY RED HIGHLIGHTED BOX, PLEASE COMPLETE ADDITIONAL FORM AND / OR MAKE APPROPRIATE REFERRALS  
 ALL INFORMATION ON BRADMAR STICKER HAS BEEN CONFIRMED CORRECT WITH PATIENT OR SIGNIFICANT OTHER

I confirm that the information completed in this Patient Health History form is correct.

Signature \_\_\_\_\_ Patient Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

**Admitting Nurse:** Signature \_\_\_\_\_ Designation \_\_\_\_\_ Print \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Time (Hrs) \_\_\_\_\_

BINDING MARGIN - DO NOT WRITE

DETACH ALONG PERFORATION

# MONASH HOUSE PRIVATE HOSPITAL

Monash House Private Hospital is committed to protecting patients' privacy and information) that it collects and uses.

Monash House Private Hospital is required to comply with its obligations under all applicable privacy and health records laws, including the Privacy Act 1988 (Cth) (and its Australian Privacy Principles) and the Health Records Act 2001(Vic) (and its Health Privacy Principles). Monash House Private Hospital recognises that the privacy principles under those laws apply to our relationship with patients, employees and service providers. Monash House Private Hospital requires that all health professionals and organisations doing business with us will similarly adhere to those privacy principles.

For further information or to receive a copy of our full Privacy Policy, please ask a staff member, visit our website: [www.monashhouse.com.au](http://www.monashhouse.com.au) or telephone the Hospital and ask to speak with our Privacy Officer. You can also write to our Privacy Officer to request more information.

Monash House Private Hospital will collect your personal information for the purpose of providing you with health care and for directly related purposes. For example, Monash House Private Hospital may collect, use or disclose personal information:

- Gain an understanding of the individual's needs so we may provide them with the required service and advice
- The patients past medical history helps Monash House Private Hospital identify which treatments are likely to be safe and effective for the patient and reduces the likelihood of repeating tests that they have had in the past
- Contact the individual to provide advice or information in relation to the way in which the service will be or has been provided
- Improve the quality of Monash House Private Hospital services
- Administer and manage those services including charging, billing and collecting debts
- Where required by law

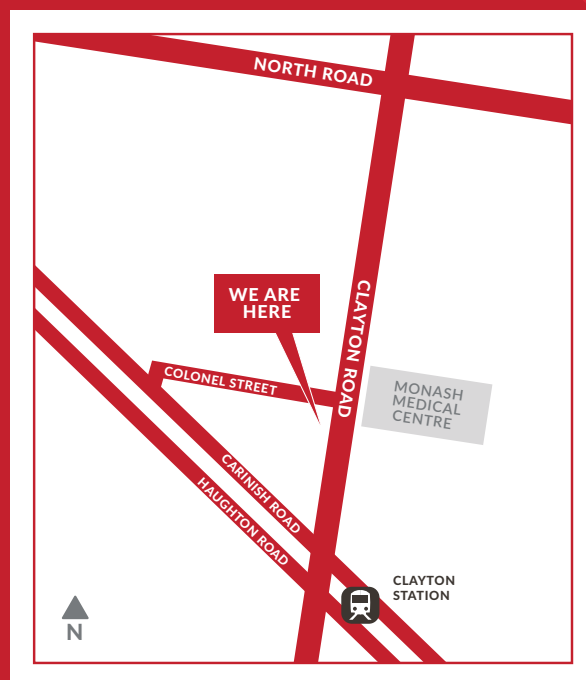
As we outsource some of our services, this may involve us sharing your personal information with third parties. For example, we outsource the conduct of our patient satisfaction surveys to a contractor who may write to you seeking feedback about your experience with Monash House Private Hospital. We may outsource information and data storage services (including archiving of medical records), which may involve storing that information outside of Australia. Where we outsource our services we take reasonable steps in the circumstances to ensure that third parties, including organisations outside of Australia, have obligations under their contracts with Monash House Private Hospital to comply with all laws relating to the privacy (including security) and confidentiality of your personal information.

Monash House Private Hospital will usually collect your personal information directly from you, but sometimes may need to collect it from someone else (for example, a relative or another health service provider). We will only do this if you have consented or where your life is at risk and we need to provide emergency treatment.

- We will not use or disclose your personal information to any other persons or organisations for any other purpose unless:
- You have consented;
- The use or disclosure is for a purpose directly related to providing you with health care and you would expect us to use or disclose your personal information in this way;
- We have told you that we will disclose your personal information to other organisations or persons; or
- We are permitted or required to do so by law.

You have the right to access your personal information in your health record. You can also request an amendment to your health record should you believe that it contains inaccurate information.

If you need assistance to complete the forms or have questions regarding your admission, please phone the hospital, or come to the hospital reception desk and we will be pleased to help you.



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[monashhouse.com.au](http://monashhouse.com.au)