East Melbourne
SPECIALIST
DAY HOSPITAL

23 Clarendon Street
East Melbourne VIC 3002
T (03) 9473 4600 **F** (03) 9473 4661
www.emsdh.com.au

Patient Label
{Admission Form}

PATIENT DETAILS

Title	**Surname**	**Given Name**
Address		**Postcode**
Phone (M)	**Phone (H)**	**Phone (B)**
Gender ☐ Female ☐ Male	**Date of Birth**	**Marital Status**
Weight	**Height**	
Country of Birth	**Are you an Australian Resident** ☐ Yes ☐ No	
Language Spoken at home	Do you require an Interpreter ☐ No ☐ Yes	Are you of ☐ Aboriginal or ☐ Torres Straight Island descent?
Medicare Number	Position on Card	Expiry Date
Next Of Kin Name	Next of Kin Phone number	Relationship
Pick up Person Name	Pick up Person Phone Number	Relationship
Health Fund		Membership Number

MEDICAL HISTORY

Have you ever had any of the following:

High Blood Pressure	☐ No	☐ Yes	Blood Clot (Legs/Lungs)	☐ No	☐ Yes	Pneumonia	☐ No	☐ Yes
Coronary (Heart Attack)	☐ No	☐ Yes	Anaemia	☐ No	☐ Yes	Asthma	☐ No	☐ Yes
Angina	☐ No	☐ Yes	Bleeding Disorder	☐ No	☐ Yes	Tuberculosis	☐ No	☐ Yes
CVA (Stroke)	☐ No	☐ Yes	Bowel Bleeding	☐ No	☐ Yes	Rheumatic Fever	☐ No	☐ Yes
Diabetes	☐ No	☐ Yes	Stomach Ulcer	☐ No	☐ Yes	Epilepsy or fits	☐ No	☐ Yes
Kidney Disease	☐ No	☐ Yes	Jaundice/Hepatitis	☐ No	☐ Yes	Psychiatric Treatment	☐ No	☐ Yes
Blood Transfusion	☐ No	☐ Yes	HIV Risk	☐ No	☐ Yes			

Other:

Are you aware of any allergies (Food and/or Medication)	☐ No	☐ Yes
Have you had a dura mater graft (between 1972 and 1989)	☐ No	☐ Yes
Do you or any members of your family have a history of Creutzfeldt-Jakob Disease (CJD)?	☐ No	☐ Yes
Have you received human pituitary hormones (growth hormones, gonadotrophins) prior to 1985?	☐ No	☐ Yes
Have you been exposed to any communicable disease in the past 2 weeks? (e.g. measles or mumps)	☐ No	☐ Yes
Have you experienced previous infection or colonisation to a multi-resistant organism?	☐ No	☐ Yes

If you have answered YES to any of the questions above, please provide details:

ANAESTHETIC INFO

Have you had any previous surgery?	☐ No	☐ Yes

Please give details (surgery type and year)

Have you ever had any previous anaesthetics?	☐ No	☐ Yes
Have you or a member of your family ever had problems with anaesthetics?	☐ No	☐ Yes
Do you smoke?	☐ No	☐ Yes _____/day
Do you consume alcohol?	☐ No	☐ Yes _____/week

MEDICATION

Are you taking any medication at present ☐ No ☐ Yes ☐ IVF medications only

Please give details (include herbal remedies and blood thinning eg Aspirin, Warfarin, Plavix)

Medication	Dose	Frequency	Medication	Dose	Frequency

WORKCOVER/TRANSPORT ACCIDENT COMMISSION ONLY

Employer Name		
Employer Address		
Contact Name	**Phone**	**Date of Accident**
Claim Number	**Claim Agent**	

East Melbourne
SPECIALIST
DAY HOSPITAL

23 Clarendon Street
East Melbourne VIC 3002
T (03) 9473 4600 **F** (03) 9473 4661
www.emsdh.com.au

Patient Label
{Admission Form}

PART A

I, Doctor _____ have explained to the patient the nature, likely results and material risks of the recommended operation/procedure and/or treatment. In my opinion he/she understood the explanation.

The operation/procedure and/or treatment that the patient is to undergo is:

☐ **Ovum Pick-Up (O.P.U)*** ☐ **G.A. Embryo Transfer: Number of embryos to be transferred:**

*O.P.U risks as explained to me prior to my signing the Melbourne IVF Consent to Operative Treatment for IVF and Related Procedures

☐ **Testicular Biopsy (Open)**

Other:

The following specific complications and risks have been explained:

Surgeon's Signature _____ **Print Name** _____ **Date** _____

PART B

The Doctor (whose name appears in Part A) and I have discussed my present condition, alternative treatments available and the Doctor has explained the benefits and risks of the proposed operation/procedure.

I, _____ hereby consent to the procedure(s) described above being performed and acknowledge that:

1. Additional procedures or treatment may be needed in the event of a complication or unexpected finding.
2. Even though the operation/procedure and/or treatment is carried out with all due professional care, the operation/procedure may not achieve the expected results.
3. I understand that whilst I am in hospital, I will receive care, medications, tests and examinations as necessitated by the operations/procedures and/or treatment I am undertaking.

I consent/do not consent to blood transfusion/blood products** to be administered if needed.
**please delete as appropriate

In conjunction with the above stated operation(s) **I consent to the administration of such anaesthetics as may be considered by the anaesthetist to be necessary.**

I have been given details of my **Rights and Responsibilities** as a patient and confirm that I do not have any questions regarding these.

Patient's Signature _____ **Print Name** _____ **Date** _____

Witness Signature _____ **Print Name** _____ **Date** _____

East Melbourne
SPECIALIST
DAY HOSPITAL

23 Clarendon Street
East Melbourne VIC 3002
T (03) 9473 4600 **F** (03) 9473 4661
www.emsdh.com.au

Patient Label
{Admission Form}

IMPORTANT INFORMATION ABOUT YOUR PROCEDURE

PREPARING

Prior to your procedure, you will be contacted by our Admissions Officer and advised of your admission time and any particular pre-operative information, such as fasting times and advice regarding current medications. If you have any x-rays, blood tests, ultrasound, DSI, MRI relevant to your admission, please bring these with you

Because you are having an anaesthetic for your procedure, it is important for your own safety that you follow the fasting instructions provided by the Admissions Officer.

- If you are taking oral medication and are instructed to continue to take this within the fasting time directed, take it with a small sip of water only.
- It is recommended that you do not smoke for at least 24 hours before any surgery

Should you not follow these guidelines, please note that your surgery may need to be cancelled.

What to wear

For your convenience, we suggest you:

- Shower before arriving at East Melbourne Specialist Day Hospital
- Do not wear make-up or jewellery (wedding ring acceptable)
- Wear loose comfortable clothing and low heeled shoes

What to Bring

In order for us to complete your admission, please bring with you:

- Your Medicare card, DVA Card if applicable, as well as your private health insurance card or details
- Your preferred method of payment as you will need to settle any gap costs at this time
- A list of all prescribed medications plus the names of any other over the counter medications you are taking
- If you wear contact lenses, they will need to be removed before surgery so we suggest you bring your lens case

For security reasons, we recommend that you leave any valuables at home

The East Melbourne Specialist Day Hospital is a smoke free environment in line with Victorian Health Department Legislation

It is important for your safety to follow the specific instructions given to you by the Recovery Room Nurse on discharge. Please DO NOT drive or travel home alone. On discharge it is essential that a friend or relative collects you and takes you home. Once you are home, take it easy and rest as much as possible. You will require someone to stay with you at home for the remainder of the day and overnight.

Failure to make arrangements for your post operative care may result in the cancellation of your surgery.

RIGHTS AND RESPONSIBILITIES

WHAT ARE MY RIGHTS?

You have the right to:

- receive quality health care from appropriately qualified and experienced staff
- treatment and care in a safe environment
- be treated with respect and dignity
- receive information about choices and options for your care and treatment
- privacy and confidentiality for your personal and health information, except where the law permits this to be disclosed
- seek a second opinion if you wish
- where applicable, to know in advance the charges for the services provided to you
- provide feedback about your care
- refuse treatment and services offered to you
- access to an interpreter
- access to your health records according to the law, provided written consent is provided

WHAT ARE MY RESPONSIBILITIES

All patients at East Melbourne Specialist Day Hospital are responsible for their own behaviour and care

It is important to:

- inform everybody involved in your care of your expectations, tell staff if you have a problem
- understand your treatment and provide informed consent
- provide staff with accurate information about your health and your current treatment
- consider your ability to meet your financial obligations to pay any accounts and fees for which you are responsible
- be considerate of staff and other patients
- attend your scheduled appointments, or inform staff if you need to change an appointment

We acknowledge our obligations to you under the Privacy Act 1998

Our Privacy Policy is available at reception and our Privacy Officer who can be contacted by telephone through our main switchboard, is happy to answer any questions you may have concerning the policy

EMSDH-FORM-SPC-0001.7 | 25NOVEMBER2014