



Please tick which Epworth site you are being admitted to:

- Brighton
- Camberwell
- Cliveden
- Eastern
- Freemasons Clarendon St
- Freemasons Victoria Parade
- Geelong
- Hawthorn
- Richmond
- Richmond Rehab

Affix EPWORTH Patient Identification Label

Patient Name			
Date of Birth	/ /	Contact No. Home	
Mobile		Work	
Address			
Health Fund		Membership No.	
Medicare No.		Expiry	/

PRE-ADMISSION DETAILS

To be completed by the Admitting Medical Practitioner. Please forward completed form to Booking Office at relevant Epworth site at least 3 business days prior to admission.

Procedure Date: ____ / ____ / ____

Admission Date: ____ / ____ / ____

Admission Time: ____

Admitting Doctor: _____

Adverse Reaction / Allergies / NKA:

Affix DOCTORS ROOMS Patient Identification Label

Funding (Workcover/TAC/Overseas/Self-insured)
 Surgical Assistant: _____

Admission Diagnosis:

Anaesthetist: _____

Accommodation Request: Day Case Overnight ICU Bed CCU Bed
 Expected Length of Stay: _____ days
 Expected Discharge Outcome: Home/assisted care Rehabilitation Other: Specify _____

Procedures:

E-CMBS Number/s: _____

Equipment and Instrument requirements:
 Loan equipment booked? No / Yes / Company name _____

Prosthesis Required		Prosthesis Description	Supplier
Yes	No		

Investigations / Special Requirements on Admission:

ECG ordered? _____
 X-ray done? _____ Consent signed? _____

Pathology ordered Yes No Specify: _____

Physician Review / Shared carer involved Yes No Specify: _____

MR2

01/16

Treating Medical Practitioner _____ / _____ / _____
Signature Print Name Date

PRE-ADMISSION DETAILS

MR2