

MANLY WATERS PRIVATE HOSPITAL

PALLIATIVE / REHAB / MEDICAL PRE-ADMISSION INFORMATION

17 Cove Avenue, Manly NSW 2095 Phone: (02) 9977 9977 Fax: (02) 9977 4319

Email: referralsmwph@machealth.com.au

Date of request for Admission _____

Private Room Request Yes ☐ No ☐ Room No.: _____

DATE & TIME OF EXPECTED ADMISSION

NAME: _____ DOB: _____ AGE: _____

ADDRESS: _____ TELEPHONE: _____

NEXT OF KIN: _____ RELATIONSHIP: _____ PHONE: _____

NEXT OF KIN: _____ RELATIONSHIP: _____ PHONE: _____

HEALTH FUND NAME.: _____ MEMBERSHIP NO: _____

PENSION NO.: _____ REHAB SPEC. _____ PROGRAMME _____

VETERAN AFFAIRS No.: _____ COLOUR OF DVA CARD: _____

MEDICARE CARD NO: _____ MEDICARE EXPIRY DATE: _____

HAVE YOU BEEN A PATIENT IN MANLY WATERS PRIVATE HOSPITAL BEFORE: Yes ☐ No ☐ Year: _____

REFERRING DOCTOR TO MWPH _____ Phone: _____

USUAL GP _____ Phone: _____

ATTENDING DOCTOR AT MWPH _____ Phone: _____

TRANSFERRING FROM OTHER HOSPITAL: Yes ☐ No ☐ Ward Name _____

HOSPITAL NAME: _____ PHONE NO: _____

ADMISSION DATE FROM HOSPITAL TRANSFERRING: _____

DIAGNOSIS: _____

PAST MEDICAL HISTORY: _____

GASTRO IN WARD PAST 96 HOURS YES ☐ NO ☐ KNOWN INFECTIONS: ☐ HEP ABCDE ☐ ESBL ☐ VRE
☐ MRPA ☐ OTHER

MRSA STATUS: Swabs YES ☐ NO ☐ DATE TAKEN _____ RESULTS: ☐ NOSE ☐ AXILLAE
☐ GROIN ☐ WOUND

ESTIMATED LENGTH OF STAY: _____ DISCHARGE PLAN : _____

HOME SITUATION: _____

MOBILISATION STATUS: _____ WEIGHT : _____

WOUND/DRAIN: _____ MINI MENTALS OR COGNITIVE STATE _____

IS THIS ADMISSION A RESULT OF: A FALL IN THE COMMUNITY YES ☐ NO ☐
MVA/WORKPLACE ACCIDENT YES ☐ NO ☐

BINDING MARGIN - DO NOT WRITE

REHABILITATION / MEDICAL PRE-ADMISSION FORM

MR17