

# Admission Form

Procedure Date.....

**Robina Procedure Centre**  
**Robina Town Centre QLD 4230**  
**Ph: 07 5592 7999 Fax:07 5592 7929**  
 Send completed form to RPC ASAP  
 no later than 1 week prior to Admission

## Section A: Personal Details (To Be Completed By Patient)

Title: Mr Mrs Miss etc.....  
 First Names.....  
 Last Name.....  
 Date of Birth.....  
 Marital Status.....  
 Country Of Birth.....  
 Language Spoken at home.....  
 Aboriginal / Torres Strait Islands Yes  No   
 Occupation.....  
 Address.....  
 .....  
 Home Phone:.....  
 Mobile Phone:.....  
 Business Phone:.....  
 Next of Kin.....  
 Relationship.....  
 Phone.....

**Medicare Card No**.....  
 Position on Card..... Exp.....  
**Health Fund**.....  
 Member No.....  
 Excess \$..... Date Joined.....  
**DVA Card Colour**..... Exp.....  
 DVA Card No.....  
**Workers Compensation** Yes  No   
**Surgeon**.....  
**GP**.....  
**Referring Doctor**.....  
**Escort Home**.....  
 Phone.....

**Do you have?** **Y N**  
 An Enduring Power of Attorney?    
 An Advanced Health Directive?

*If you have either document, you must bring it with you.*

## Section B: Medical History (To Be Completed by Patient)

### Have you ever had? **Y N**

- Heart Problems / Chest Pain
- High Blood Pressure
- Pacemaker / Defibrillator
- Diabetes Insulin / Diet / Tablets
- Rheumatic Fever
- Stroke
- Asthma / Wheezing
- Lung Disease
- Bleeding Disorders
- Fits / Epilepsy
- Gastric Reflux
- Hepatitis / HIV / Aids
- Falls within the last 12 months
- Any Mobility Aids
- Muscle Disorders
- Anaesthetic Problems
- Brain or Spinal Cord Surgery
- Pituitary Hormone Therapy
- Hospital Acquired Infection
- CJD MRSA or VRE

Other  
 .....

### Current Medications (include Recreational & Natural)

Drug Name	Strength	How Often

### Allergies to Drugs / Latex / Other


### Prior Operations


Do you smoke? Yes  No  How Much?...../ day  
 Do you drink alcohol? Yes  No  Your Height.....  
 Are you pregnant? Yes  No  Your Weight.....

## Section C: Admission Assessment (DON to sign)

Date Assessed By  
 Issues identified & action taken

DON Signature

**Section D: Clinical Details** (To Be Completed By Doctor)

Provisional Diagnosis	
Proposed Procedure(s)	
Special Instructions	

**Section E: Hospital Consent** (To Be Completed By Doctor)

I.....have discussed with my patient / patient’s guardian,

- The patients present condition
- Alternative treatment options
- The benefits and risks of the proposed operation / procedure / treatment.

The proposed operation / procedure(s).....  
.....  
.....

Please write any “Right” or “Left” in full

.....  
Medical Officer’s Signature

**Section F: Patient Consent** (To Be Completed by Patient & Staff)

**Request for Surgical Operation, Procedure and / or Medical Treatment**

I,.....  
of.....  
request the following Operation / Procedure Treatment.....  
.....  
.....

be performed upon me / upon.....

I also consent to the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with this operation / procedure / treatment.

I understand that other unexpected operations / procedures / treatments may be necessary and I request that these be carried out if required.

Although this operation / procedure / treatment is carried out with all due professional care and responsibility, I understand that in some circumstances the expected result may not be achieved.

I also understand that complications may occur with any operation / procedure / treatment, and I accept the possible risks associated with this operation / procedure / treatment.

I have had the opportunity to ask questions about the operation / procedure / treatment and I am satisfied with the information I have received.

I consent to blood being taken for HIV and other diseases tests in the event of accidental staff injury involving contact with my blood. I understand that pre-test counselling will be provided if it is recommended that blood be taken for this purpose.

I do not consent to .....

.....  
Patient / Guardian Signature

.....  
Witness’s Signature

.....  
Witness’s Full Name

Date.....