

Sunshine Private Hospital

part of **unitas** healthcare



PATIENT ADMISSION GUIDE

Sunshine Private Hospital is an innovative, state-of-the-art hospital with world-class facilities for Melbourne's growing west, providing services close to home and delivering excellent patient outcomes for residents.

Information about our services and hospital features is available on our website <https://sunshineprivate.com.au>.

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About this admission guide

This guide has been created to provide information about your forthcoming admission to hospital.

Please book your stay with us by following the steps outlined in the [Booking into hospital](#) section of this guide and then review the contents of this document to prepare for your stay and discharge.

How to contact us

In person: 145 Furlong Rd St Albans, Victoria 3021

By Phone: 1300 600 978

Via Email: For bookings - surgicalandmedicalbookings@unitas.com.au

For fees estimates - patientaccounts@unitas.com.au

Booking into hospital

Step 1

Read and complete the *Pre-admission Health Questionnaire [ADM001]* and *Patient Registration [ADM003]* forms found in the [Required Forms](#) section of this guide on page 12 onwards.

Step 2

Email your complete forms to surgicalandmedicalbookings@unitas.com.au as soon as possible, ideally two weeks prior to planned admission.

If you do not have access to email, you may bring your forms into the hospital or post to *SPH 145 Furlong road, St. Albans VIC 3021*.

You will then be contacted to confirm your admission date as well as discuss other important information such as fasting times.

!! IF YOU HAVE NOT RECEIVED YOUR FINANCIAL CONSENT AND ADMISSION PAPERWORK TWO DAYS PRIOR TO YOUR ADMISSION, PLEASE PHONE US ON 1300 600 978.



Prior to your admission

Arrangements required prior to your Admission

1. Ask your doctor to explain the medical fees which may be incurred.
2. Check your health insurance details. If you have private health insurance, we suggest you contact your health fund to confirm that your admission is covered and if there are any patient out of pockets expenses that will apply to this admission.
3. If you have a compensation claim (Workers Compensation, TAC, Third Party etc.) please confirm your entitlement for this admission with your insurer
4. If you are uninsured, self-insured, or o/seas please contact us 1300 600 978 for an estimate of your hospital costs. These costs are payable **preadmission**.
5. Patients for elective surgery will be contacted by the Hospital by phone or letter to confirm your booking.
6. Ensure you have informed us about any implants [pacemakers, heart valves or stents etc.], Allergies, Sleep Apnoea and Medical Power of attorney on the on the *Patient registration form [ADM003]*. More information on these requirements is available in the [General Information](#) Section of this guide on page 6.
7. Should you require an interpreter, please ensure that you have informed us on the *Patient registration form [ADM003]*.
8. Obtain an up to date list of your medications from your GP or Pharmacist. Please bring the medication list and your medications in their **original boxes** on the day of admission.
9. Complete the below checklists to ensure there will be no delays in your admission due to missing elements and that you are prepared for discharge.
10. If you are unwell, within 72 hours of admission please ring 1300 600 978 and ask to speak to the Nurse Unit Manager/Hospital Coordinator. The Nurse Unit Manager/Hospital Coordinator will plan admission with your treating team and advise you accordingly.

Preparation Checklists

Admission Preparation Checklist	Discharge Preparation Checklist
<input type="checkbox"/> Forms ADM001, ADM 003 completed and returned to hospital.	<input type="checkbox"/> Arrangements made for transport home
<input type="checkbox"/> Does your health insurance cover you for this admission?	<input type="checkbox"/> Care at home arranged
<input type="checkbox"/> Do you have your doctors instructions for any preparations required?	<input type="checkbox"/> If you're not going home you have reviewed discharge location confirmed and/or discussed with the nurse caring for you
<input type="checkbox"/> Do you have instructions for taking your medication if coming in on the day of surgery?	
<input type="checkbox"/> Reviewed the What to bring with you section of this manual and made respective arrangements	<input type="checkbox"/> Reviewed the Discharge from Hospital section of this manual and made respective arrangements
<input type="checkbox"/> Day Patients - have you organised for someone to pick you up and stay overnight with you?	



The day of your admission

What to bring with you

Clinical [Medications, Doctors Letters, X rays etc.]

- Any doctors letters, reports, notes and consent forms
- All relevant x-rays and scans
- All medication repeats and authority scripts
- An up to date list of your current medications authorised by your GP or pharmacist
- All medications you are currently taking, in the original packaging [including inhalers, patches, drops, injections and herbal medicines]
- Medications will *not* be dispensed from dosettes whilst in hospital
- Patients that are assessed as competent by their admitting doctor can self administer medications from Webster pack under nursing supervision.
- If you have any of the following bring a copy so it can be scanned into your medical record;
 - Medical Treatment Decision Maker (previously Medical Power of Attorney)
 - Medical Support Person (formal documentation of someone you have appointed giving them authority to get information about you to help you make a medical decision.)
 - Advanced Care Directive (A formal document that outlines statements about your values and preferences to guide future medical treatment decisions, or record instructions consenting to or refusing specific types of treatment should you lose capacity to do so).

More important information on Medications

It is important that you have instructions from your doctor regarding the scheduling of your medications and natural/herbal supplements prior to surgery, particularly if you take one of the following:

- Fluid tablets [Diuretic]
- Immunosuppressant or steroids
- Blood pressure tablets
- Anticoagulants/Antithrombotics e.g. Aspirin, Warfarin, Clopidogrel, Persantin
- NSAIDS [Non-steroidal Anti-inflammatory Drugs] e.g. Diclofenac, Naproxen
- Glaucoma Eye Drops
- Anti-Parkinson's medications
- Insulin and other diabetic medication

For more information on Advance Care Planning please visit the below website:

<https://www.advancecareplanning.org.au/create-your-plan/create-your-plan-vic>

Insurance & Financial [Entitlement cards, means of making payment etc.]

- All entitlement cards - Medicare, Private Health Fund, Pensioner or DVA Card, Health Care card, Pharmaceutical Safety Net card and Pensioner Concession cards.
- Authorisation letter for treatment from TAC or Workcover [if applicable]
- Means of payment for any out-of-pocket expenses, (i.e. Excess or co-payments) by cash, EFTPOS, or credit card (Visa and Mastercard only). Cheques are not accepted.

Personal Belongings

- Nightwear, dressing gown, slippers
- Toiletries
- Physical aids e.g. crutches, CPAP machine
- Children - favourite toy or book & dressed in pyjamas or track pants and T-shirt
- Babies - Disposable nappies and infant formula with 2 bottles if you are not currently breastfeeding

What is an Excess?

An Excess requires the patient to pay the first portion of their health insurance policy when admitted to hospital. An Excess payment can differ depending on the policy, please contact your health insurer for further information regarding an excess.

What is a Co-payment?

A co-payment is a daily charge on your policy with your insurance provider. A co-payment will apply per hospital visit but is often capped at a certain amount per admission. Co-payments will differ depending on the policy you have with your insurance provider, please contact your health insurer for further information regarding co-payment

When you arrive

Please report to Reception where you will be admitted. Bed allocations are made on the day of admission.

On admission, please inform the nursing staff if you have any special needs or questions. You may be admitted via the Day of Surgery Admissions [DOSAs] even though you are booked as an overnight patient. In most cases your room will not be available until after surgery as patients may still be in the room awaiting discharge.

Your belongings will be clearly marked and delivered to your room.

You may be asked to walk to the operating theatre which is located on level one.



Bringing a support person with you

Even though most patients arrive with a support person it is not always possible for your support person to come to DPU with you, unless under special circumstances [parents of small children are the exception]. Your support person is welcome to sit in the waiting area or café and nursing staff will keep them informed of your progress.

Day Surgery Patients

Having day surgery can mean staying anywhere from two hours to a full day in hospital. It can mean an early start and a wait for surgery depending where you are placed on the list. Please bring some reading material to help pass the time.

Please follow your doctor's instructions regarding special preparation prior to your procedure. Do not wear make-up, jewellery, acrylic nails or nail polish. Please wear loose comfortable clothing and tie long hair back on the day of your procedure. You will be provided with discharge information.

Important Discharge Information

It is important to have a responsible adult to collect you following your procedure and stay with you overnight. Your doctor may cancel your procedure if you don't have anyone to accompany you. As certain anaesthetics cause drowsiness it is also important that you do not drive for 24 hours after surgery.

General Information

Allergies

If you have any allergies or previous reactions to medications, food or latex etc. and the severity of that reaction. It is vital that you;

- Complete the allergy section of the *Pre-Admission Health Questionnaire [ADM001]*.
- Inform your doctor.
- Inform your admitting nurse.

Sleep Apnoea

It is essential that you inform your Surgeon, Anaesthetist and Admission Planner if you have diagnosed Sleep Apnoea. If you have been provided with a CPAP machine you must bring this with you to hospital

Implantable Devices

It is essential that you let your Surgeon, Anaesthetist and Admission Planner know if you have an implantable device. Implantable devices include:

- Pacemakers
- Intraocular lens implant (cataracts)
- Heart valves
- Joint replacements
- Deep brain or neurostimulators
- Medication pumps
- Lap bands
- Prosthesis

Smoking

The hospital has a strict smoke free policy. Smoking is not permitted by patients or staff anywhere within the hospital boundaries. If you are a smoker, please let your admitting doctor know so support options can be discussed i.e. nicotine patches.

Blood Transfusions

Blood and blood components are supplied by the Australian Red Cross Blood Service (ARCBS). The ARCBS has strict screening protocols for donors.

If you are a Jehovah's Witness or have other objections to blood transfusions, it is extremely important that you discuss this matter with your doctor and that your wishes are recorded in your medical record. It is important that your wish to not have a blood transfusion is clearly written on the hospital consent form before you sign the document.

You have the right to change your consent to blood transfusions at any point of your admission.

Assisting with Movement

Our safe handling policy means staff are required to avoid manually lifting patients. We encourage patients to assist in their own transfers where possible.

Staff will use handling aids, (e.g. lifting hoists), which may mean there is a delay whilst the appropriate equipment is being obtained.

Falls Prevention

Falls can prolong a hospital stay or recovery period.

Nursing staff complete a falls risk assessment on all patients. This assessment will enable staff to identify your risk and ensure that appropriate strategies are in place to prevent you from falling.

Nursing staff will assess your falls risk on admission and throughout your stay. The nursing staff will develop a falls prevention plan in consultation with you. Brochures with further information are available.

Infection Control

To ensure a healthy environment, we strongly recommend that any friend or family who are unwell avoid visiting the hospital.

It is also important to inform us if you have had any recent infections or have any concerns about exposure to infection.

Hand Hygiene

Performing hand hygiene is the single most effective way to prevent the spread of infections. Our staff are required to follow national guidelines regarding hand hygiene.

You have the right to ask any staff member, including medical and nursing staff, if they have performed hand hygiene prior to attending to you.

Patients and visitors are also reminded of the importance of cleaning their hands before and after hospital visits.

Pressure Injuries

Pressure injuries occur when there is unrelieved pressure on an area of skin resulting in damage. These injuries can be difficult to heal and can prolong your hospital stay.

Nursing staff will assess your pressure injury risk on admission and throughout your stay. The nursing staff will develop a pressure injury prevention plan in consultation with you. Brochures with further information are available.

Preventing Blood Clots

Deep Vein Thrombosis [DVT] and Pulmonary Embolism [PE] are blood clots that can form in the leg or lung. Both of these conditions can occur in the hospitalised patient and can cause long term complications. The treatment is ordered in collaboration with your doctor and can involve medications and pressure relieving stockings. As part of your admission process you will be asked if you have past history of blood clots.

Valuables

Please be advised there are no facilities at this hospital to store valuables. We advise that all items of value must be left at home. The hospital is not liable for any claims for loss, theft or damage of personal property which may occur whilst an inpatient at Sunshine Private Hospital.

Hospital Services

Spiritual Care

A representative from all denominations can be contacted at your request.

Pharmacy

The Pharmacy is located on the ground floor next to the cafe. Medications, as well as some toiletries for patients and visitors, are available.

If you need to purchase personal pharmacy items or discharge medications or medications not related to your admission diagnosis, you are required to pay the pharmacy direct for the cost of these items.

Veterans Services

A Veterans' Liaison Officer will contact Veterans' during admission. The Department of Veterans' Affairs provides a feedback questionnaire for each overnight patient to complete. We encourage you to complete this questionnaire as your feedback is very important to DVA.

Internet Access

Inpatients can utilise Sunshine Private Hospitals Internet by connecting to Wi-Fi Network *SPH-Guest*.

Inpatient TV/Entertainment

In the Medical Surgical ward there is a TV in each Inpatient room for patients to enjoy as part of their hospital stay at no additional charge.

Mental health patients do not have access to TVs in their bedrooms however a TV is available in dedicated patient lounge areas.

Food Services

Inpatient meals are included in your hospital stay. There is also a café located on the ground floor.

Is it ok to have visitors bring outside meals in for me?

Please be advised that due to food handling regulations and OHS requirements, we are not able to reheat food bought in by patient, families or friends. This includes, but is not limited to baby bottles or food, food prepared at home, frozen meals or takeaway food. We apologise if this causes any inconvenience.

Getting Here & Visiting Hours

Hospital Entrance

Patients and visitors enter the hospital through the main entrance located on Furlong Road or the entrance next to the drop off zone in the carpark.

Parking

Public car parking is available onsite and next door to Sunshine Private. Fees Apply.

Public Transport

If you are using public transport, the Public Transport Victoria Website <http://ptv.vic.gov.au/> is a great way to plan your trip.



Visitors

Visiting Hours

Inpatient Unit:

10AM – 12PM | 2PM -8PM

Mental Health Unit:

Mon – Fri 4PM – 8PM | Sat & Sun 12PM – 8PM

More Information on Visitors

Hospital staff reserve the right to reduce visitor numbers and or ask visitors to leave to facilitate treatment and or optimise recovery. This will be conducted in consultation with the patient.

Accommodation is available for country or interstate visitors in a range of hotels nearby.

Discharge from Hospital

Discharge time is **10.00am** for patients that have stayed overnight

On Discharge, please ensure that you;

- Collect all discharge medications, instructions, x-rays, scans and follow-up appointments
- Medical and Carer Certificate organised
- Complete feedback form

If you are concerned about your discharge situation, please discuss with the preadmission nurse who will make a note for the admission team.

Prior to your admission, consider planning for your return home. Areas to consider include personal care, home safety and equipment needs, meal preparation, shopping and domestic help. Where possible, it is important to make plans with your family and carer before you come into hospital.

Feedback - Formal, Informal, Compliments, Complaints

Sunshine Private Hospital is continuously looking for opportunities to improve patient experience. Your feedback about our hospital, staff and the care that has been provided to you is critical to improve the services we provide. All patients will be provided the opportunity to complete a 'Patient Experience of Care' survey at the end of their hospital admission.

If we have not met your expectations in any way, we would like to know about it. We will provide an initial response to your feedback within 3 business days. You will be kept up to date on investigation progress and we will provide you with a response in your preferred format (written, telephone or in-person meeting). You can submit feedback during your stay or alternatively following your discharge. Listed below are the various ways that you can submit feedback:

E: feedback@unitas.com.au or P: 1300 600 978 and ask to speak to the Nurse Unit Manager or Director Clinical Services & Patient Experience

If you are not happy with the outcome of your complaint, you may contact the Health Services Commissioner:

E: <https://hcc.vic.gov.au/make-complaint>

P: (03) 8601 5200 or 1800 136 066 [country callers].

Your stay with us will and future admissions will not be affected by any feedback provided during your stay as we encourage and welcome your input to continue to improve our services.

Hospital Accounts

Private Health Insurance

Although Sunshine Private Hospital will confirm eligibility with your health insurance provider, we strongly recommend all patients with private health insurance contact their health fund prior to admission to confirm their level of cover.

When calling your health fund please discuss the following:

- Does your policy carry any restrictions or exclusions?
- Does your level of cover adequately cover your hospital stay including theatre fees and prosthesis?
- Are there any out of pocket expenses? i.e. excess or co-payments that are payable on admission?

Self-Insured / Overseas Insurance

Self-insured and overseas insured patients are required to pay the estimation of expenses prior to admission. The hospital reserves the right to refuse admission if payment is not received. If you are a self-insured patient, please contact our Business Office to discuss your estimation.

Please note whilst every effort is made by Sunshine Private Hospital to obtain the most accurate estimation of expenses prior to admission, sometimes these fees alter, and the patient will be given an itemised account no later than 7 days after discharge.

WorkSafe / TAC

Prior to admission WorkSafe and TAC patients need to ensure that approval for treatment has been obtained from WorkSafe or TAC. If approval has not been granted for the hospitalisation it may result in an upfront payment for the procedure by the patient until authorisation can be obtained.

Department of Veterans' Affairs

Veterans and DVA patients are asked to bring their DVA card with them on the day of admission and present it to your admitting receptionist.

Hospital Account

Your hospital account includes the costs associated with your hospital stay only. These costs include accommodation, theatre fees and prostheses. Some prosthetic items have a "gap" which is not covered by your health fund and is payable by you.

Sunshine Private Hospital will submit your hospital claim to your health insurance provider on your behalf.

Methods of Payment

Methods of payment for any out-of-pocket expenses include cash, EFTPOS, or credit card (Visa and Mastercard only). Cheques are not accepted.

Other Provider Accounts

In addition to the hospital account, you may receive accounts from your Surgeon, Anaesthetist, Physician, Diagnostic Services (X-ray) and Pathology. These accounts are all billed separately. You can claim through Medicare and your health fund for these accounts.

Assistant Surgeon Accounts

Certain procedures require an assistant surgeon to be present for your procedure. If your surgeon uses an Assistant Surgeon employed by the hospital, there will be no out of pocket expense for the patient. If your surgeon uses his own assistant surgeon there may be an out-of-pocket expense to pay. Please discuss with your surgeon to determine any amount payable.

Ambulance Accounts

In certain circumstances ambulance fees may be payable by patients. Sunshine Private Hospital strongly recommends that you check your ambulance entitlements with your private health insurer and Victoria Ambulance prior to admission.

For further information please refer to the *Victorian Department of Health July 1st 2014 Ambulance Guidelines*.

Pharmacy Accounts

Your health fund does not cover medications. There is generally no charge for specific medications initiated on admission and any medications commenced prior to admission that are dispensed during your stay.

There are some instances where we need to charge for medications. Examples of this include, but are not limited to:

- Some "high cost" drugs not currently on PBS may be charged to the patient if your health insurer does not cover the cost.
- For Mental Health Inpatients, medications supplied during the inpatient stay which are *not* mental health related e.g. if a patient develops an infection and requires antibiotics
- Medications supplied on discharge

Any charges for medications are payable on discharge to the Pharmacy located on the Ground Floor next to the Café.

Your Privacy and Access to Medical Records

Unitas Healthcare Sunshine Private Hospital (SPH) will create and retain records of your condition and the treatment provided, this information will be held in an electronic patient administration system and electronic health record. These records are confidential. SPH store and manage your health information in accordance with Privacy Act 1988(Cth) which governs the collection, storage, use and disclosure of health information. SPH comply with all relevant legislation including the Health Records Act 2001 (Vic), My Health Records Act 2012 (Cth) and Privacy and Data Protection Act 2014 (Vic). The contents may only be released or divulged with your consent, where justified law or where the request for release of information meets the Freedom of Information (FOI) Act (1982).

Requests for access to your SPH health record can be made by submitting a FOI request form to healthdata@unitas.com.au via our website <https://sunshineprivate.com.au>.

It may be necessary for parts of your medical record to be disclosed to other medical professionals to plan and provide your treatment. This includes activities required to operate our hospital, including providing information to your health fund, DVA, the Supplier/manufacturer of your prosthesis, to our insurer, your specialist and your general practitioner. A full version of the Sunshine Private Hospital Privacy and confidentiality Policy on our website <https://sunshineprivate.com.au>.

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, carer 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

Your rights

What can I expect from the Australian Health system?

MY RIGHTS	WHAT THIS MEANS
Access	
I have the 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 the 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 the 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.

Our recommendations for safer healthcare

OUR TOP TIPS	EXAMPLES OF THIS
Be actively involved in your own health care.	Take part in every decision to help prevent things from going wrong and get the best possible care for your needs.
Speak up if you have any questions or concerns.	<ul style="list-style-type: none"> • Ask questions • Expect answers that you can understand • Ask a family member, carer or interpreter to be there with you, if you want.
Learn more about your condition or treatments.	Collect as much reliable information as you can. Ask your health care professional: <ul style="list-style-type: none"> • what should I look out for? • please tell me more about my condition, tests and treatment. • how will the tests or treatments help me and what is involved? • what are the risks and what is likely to happen if I don't have this treatment?
Keep a list of all the medicines you are taking.	Include: <ul style="list-style-type: none"> • prescriptions, over-the-counter and complementary medicines (eg vitamins and herbs); and • information about drug allergies you may have.
Make sure you understand the medicines you are taking.	Read the label, including the warnings. Make sure it is what your doctor ordered for you. Ask about: <ul style="list-style-type: none"> • directions for use; • possible side effects or interactions; and • how long you'll need to take it for.
Get the results of any test or procedure.	Call your doctor to find out your results. Ask what they mean for your care.
Talk about your options if you need to go into hospital.	Ask: <ul style="list-style-type: none"> • how quickly does this need to happen? • is there an option to have the surgery/procedure done as a day patient, or in an alternative hospital?
Make sure you understand what will happen if you need surgery or a procedure.	Ask: <ul style="list-style-type: none"> • what will the surgery or procedure involve and are there any risks? • are there other possible treatments? • how much will it cost? Tell your health care professionals if you have allergies or if you have ever had a bad reaction to an anaesthetic or any other drug.
Make sure you, your doctor and your surgeon all agree on exactly what will be done.	Confirm which operation will be performed and where, as close as possible to it happening.
Before you leave hospital, ask your health care professional to explain the treatment plan you will use at home.	Make sure you understand your continuing treatment, medicines and follow-up care. Visit your GP as soon as possible after you are discharged.

Required Forms

Please read and complete the following *Pre-admission Health Questionnaire [ADM001]* and *Patient Registration [ADM003]* forms and email them to surgicalandmedicalbookings@unitas.com.au as soon as possible. If you do not have access to email, you may bring your forms into the hospital or post to *SPH 145 Furlong road, St. Albans VIC 3021*.

PREADMISSION HEALTH QUESTIONNAIRE - GENERAL

Patient Surname	
Patient First Name	
Unique Record Number	
Date of Birth	
Gender	
<i>Write details or affix label here</i>	

TO BE COMPLETED BY THE PATIENT OR PERSON RESPONSIBLE | Please answer all questions to the best of your ability.
For assistance, ask your GP or call 1300 600 978 to speak with the Pre-admissions Nurse.
Email the completed form to surgicalandmedicalbookings@unitas.com.au at least 3 days prior to admission

Admission details

Admission Type: Surgical Endoscopy General Medicine Inpatient Mental Health
 ECT or TMS* Sleep Study**

Planned Admission Date:/...../..... **Reason for admission:**

Account Class: Private Insurance Uninsured Overseas DVA WCA TAC

Consent to be contacted prior to your admission

SPH may need to contact you to provide updates on your admission.

Do you consent to being contacted? No Yes → If yes, via Email SMS/Text Phone

Patient details

Patient Height: [cm] **Patient Weight:** [kg] **Patient BMI*:**

Do you have an Advanced Care Plan? No Yes → If yes, please provide a copy on admission.

Further details on ACPs can be found at <https://www.health.vic.gov.au/patient-care/advance-care-planning-forms>

Previous hospital admissions & operations

Have you had any previous admission or operations? No Yes → If yes, please provide details below.

If space is insufficient, please attach on separate sheet.

Date / Year [Approx.]	Reason for admission [Specify Illness, operation etc.]	Were there any complications? [If Yes, Please specify]	Doctor Notified?
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N

Previous Anaesthesia

Have you or any family members ever experienced problems with or reactions to Anaesthetic? No Yes → If yes*, please provide details below.

Reactions:

Medication Management

Do you take or have you recently taken blood thinning medications (eg.aspirin/warfarin/clopidogrel)?

No Yes → If yes, please provide further details below.

Type [brand name]: **Dose:**

If attending for surgery, have you been told to stop your blood thinning medications?

No* Yes → If yes, what date were they ceased?/...../.....

STAFF USE ONLY

*Preadmission nurse has notified ECT Co-Ordinator? Y / N

**Checked Manse Medical Schedule & Bookings List? Y / N

*Theatre notified if BMI >40? Y / N

*Doctor Notified?

*Theatre notified? Y / N

Alerts on Kyra? Y/N

*Theatre notified if **not** ceased? Y / N

Binding Margin – Do Not Write

PREADMISSION HEALTH QUESTIONNAIRE - GENERAL

Patient Surname	
Patient First Name	
Unique Record Number	
Date of Birth	
Gender	
<i>Write details or affix label here</i>	

Medication Management [continued]

STAFF USE ONLY

Have you had any steroids or cortisone injections in the last 6 months? No Yes → If yes, please provide further details below.
 Type [brand name]: Dose:

Do you require assistance with taking medications [i.e. dosette, crushed, webster packs]? No Yes

Are you taking any prescription /non-prescription or complimentary medicines? No Yes → If yes, please bring these with you in their **original packaging**.

Current Medications

Do you have a Pharmacy Card? No Yes → If yes*, please provide.
 Or, do you have a medications List from your GP? No Yes → If yes*, please provide.
 If you have neither of the above, please provide a list of all your current medications in the space below.

*Printed/Scanned into Kyra? Y / N

Medication Name	Dose	Frequency	Reason for taking [if known]

Allergies and sensitivities

Do you have any allergies/sensitivities? No Yes → If yes*, please provide further details below

Medication No Yes → If yes please specify

Latex No Yes → If yes please specify

Tapes No Yes → If yes please specify

Food No Yes → If yes please specify

Other [please specify]

* Red alert bands?
Y/N

Adverse reaction & medication chart completed?
Y/N

ADM001 PREADMISSION HEALTH QUESTIONNAIRE

Binding Margin – Do Not Write

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PREADMISSION HEALTH QUESTIONNAIRE - GENERAL

Patient Surname	
Patient First Name	
Unique Record Number	
Date of Birth	
Gender	

Write details or affix label here

Binding Margin – Do Not Write

General Health & Pre-surgical Information

Have you had recent blood or urine tests/pathology? No Yes → If yes, please bring with you

Have any x-rays, CT scan or MRI been taken for this admission? No Yes → If yes, please bring with you

Females – are you pregnant or breastfeeding? No Yes

Do you have sleep apnoea? No Yes

Do you use a CPAP machine? No Yes → If yes*, please bring your machine with you

Special Diet/Cultural Needs? No Yes → If yes*, please specify Halal Gluten Free Vegetarian
 Vegan Dairy/Lactose Free Diabetic Other

Do you drink alcohol? No Yes → If yes, how many per week?

Are you a smoker? No, never smoked I quit.....months/years ago Yes, I am a smoker

Have you ever used any illicit or recreational drugs? No Yes

Do you have any of the following? Prosthesis/artificial joints metal pins/plate stent/valve
 Pacemaker or defibrillator Other Implant

With regards to dental, do you have any of the following? chipped or broken teeth loose teeth
 dentures crowns/plates/caps

Do you have Mobility issues? No Yes* → If yes, do you require a mobility aid? No Yes → if yes, please indicate which aid stick walking frame wheelchair other

Are your mobility issues due to Being bed bound Injury Medication other

Have you had a fall in the last 12 months? No Yes →

Do you have or have you had any of the following?
 Frequent headaches/migraines/neurological issues No Yes

CVA/Stroke/TIAs/Head Injury No Yes → If yes, any residual effects?.....

Epilepsy/Seizures No Yes → If yes, type and onset

Parkinson's/Multiple Sclerosis/Motor Neurone Disease No Yes

Short term memory loss/confusion/Alzheimers/Dementia No Yes

Had or having treatment for a mental health condition? No Yes

Previous suicide attempt? No Yes

Aggressive tendency or behaviour No Yes

Thyroid problems No Yes

Diabetes No Yes* → If Yes, what type? Type 1 Type 2 Unknown Gestational
 How is it treated/controlled? Diet On Insulin Tablets Dialysis

Difficulty swallowing/eating/speech impairment No Yes → If yes, due to stroke? No Yes

Blood pressure issues? No Yes → If yes, High blood pressure Low blood pressure

Heart disease/rheumatic fever/palpitations/irregular heart beat/heart murmur/heart attack No Yes

Lung disease/Asthma/COPD/bronchitis/emphysema/pneumonia/shortness of breath No Yes*

Blood disorder/blood clot/DVT/PE No Yes* →

Blood Transfusion/or blood products No Yes → If yes, any reactions?

Kidney Disease/Bladder problems/Stoma/Incontinence No Yes →

Skin Issues/Wound/Broken Skin/Pressure Sores No Yes* →

Arthritis/infective arthritis No Yes →

Gastric Band/Sleeve Gastrectomy/Gastric Bypass No Yes →

Any Recent weight loss in last 6 months without trying? No Yes → If yes, how many kgs?

Have you been Eating poorly due to a decrease in appetite? No Yes

Are there any other conditions or issues you think we should know about? No Yes → If yes, please specify:

STAFF USE ONLY
Received Y/N
Received Y/N
Dr Notified Y/N
*CPAP in hospital Y/N
*Kitchen Notified Y/N
*Aids labelled Y/N
Falls chart Completed Y/N
*CXR required? Y/N
*TEDS required Y/N
*Diabetic chart Y/N
BSL on admission Y/N
*Wound chart completed Y/N L-QMC report completed Y/N
Malnutrition assessment completed? Y/N

**PREADMISSION HEALTH
QUESTIONNAIRE - GENERAL**

Patient Surname	
Patient First Name	
Unique Record Number	
Date of Birth	
Gender	
<i>Write details or affix label here</i>	

Home situation & discharge planning

What is your living arrangement? I live at home with.....
 I live in a care facility [name facility] Low Care High Care
 If you live in Nursing Home, do you have ambulance cover? No Yes→ [Cover No.]
 I live alone → Who will care for you in the 24hrs post-surgery? Name:
 Relationship: Contact number:

Do you anticipate difficulties returning to your place of residence? No Yes→.....

Are you already receiving assistance at home? No Yes

Please be aware that on discharge, it is in your best interest to:

1. Have a responsible adult to accompany you home.
2. Understand the importance of following instructions regarding your ongoing care.
3. Be aware of the danger to yourself/others and not drive a motor vehicle or operate machinery for 24 hours following any sedation, anaesthetic or strong pain medication.

...../...../.....
 Patient/Carer/Relative/Guardian Signature (circle) Contact Phone number Date

Infection Control

Have you recently had COVID-19 or been exposed to COVID-19? No Yes→ If yes, when?/...../.....

Have you been directly transferred from any overseas Health Care Facility (HCF)? No Yes→ If yes, specify the country and admission reason

Have you been admitted overnight to any overseas HCF in the past 12 months? No Yes→ If yes, specify the country and admission reason

Have you resided in an overseas Residential Aged Care Facility in the past 12 months? No Yes→ If yes, specify the country

Have you been identified as a CRE contact in the past AND was there evidence of post-contact negative pathology cultures? No Yes →If yes, Please provide post contact negative pathology

Have you had a past diagnosis of CRE colonisation or infection? No Yes

Do you currently have symptoms of a respiratory infection (fever, cough)? No Yes

Do you currently have symptoms of gastro-enteritis (Vomiting & or diarrhoea)? No Yes

Are you currently being treated for any infections? No Yes

Have you ever been diagnosed with having a Multi Resistant Infection? No Yes

CJD Risk Screening [Ophthalmic Surgery Only]

Have you had investigations or procedures involving any of the following higher-infectivity tissues?

- Brain, pituitary, or dura mater No Yes
- Cranial and dorsal root ganglia No Yes
- Spinal cord No Yes
- Eye (Retina/Optic Nerve) No Yes
- Olfactory Epithelium No Yes

Have you had two or more first or second-degree relatives with CJD? No Yes

Do you have an unexplained progressive neurological illness of less than 12 months? No Yes

Do you have a history of receiving human pituitary hormone for infertility or human growth hormone for short stature (prior to 1986)? No Yes

Have you previously had surgery on the brain or spinal cord with a dura mater graft (prior to 1990)? No Yes

STAFF USE ONLY

Do you think the patient may have CJD? No Yes

Has the patient been screened - regarding their risk for CJD and is the patient clear for surgery? No Yes

●If an infection risk noted or the patient answers YES to CJD questions, staff must contact the Hospital Co-ordinator (AH) or Infection Control Manager to report this information and gain advice on their care in the clinical area●

I have reviewed the Patient Health History and taken necessary actions;

...../...../.....
 Preadmission Nurse Signature Print Name Designation Date

PREADMISSION HEALTH QUESTIONNAIRE

ADM001

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**PREADMISSION HEALTH
QUESTIONNAIRE - GENERAL**

Patient Surname

Patient First Name

Unique Record Number

Date of Birth

Gender

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PATIENT REGISTRATION FORM

Patient Surname	
Patient First Name	
Unique Record Number	
Date of Birth	
Gender	
<i>Write details or affix label here</i>	

FORM TO BE COMPLETED BY THE PERSON OR SUPPORT PERSON AT LEAST 7 DAYS PRIOR TO ADMISSION
Email the completed form to surgicalandmedicalbookings@unitas.com.au

Consent to be contacted prior to your admission

SPH admission staff will need to contact you **3 days prior** to your admission to discuss **1)** any out of pocket expenses and **2)** to confirm the date and time of your admission. Do you consent to being contacted? No Yes → If Yes, via Email SMS/Text Phone

Admission details

Your Specialist: **Diagnosis:**
[PRINT NAME] [CONDITION BEING TREATED]

Admission DAY: **TIME:** AM/PM **Procedure:**
[IF SURGICAL ADMISSION – OPERATION TO BE PERFORMED]

Admission Type: Surgical Endoscopy Sleep Study General Medicine Inpatient Mental Health ECT or TMS

STAFF USE ONLY: Is this admission Public in Private initiative? No Yes → If Yes, admin officer to register patient as PUBLIC & confirm eligibility under Reciprocal Rights Agreement.

Have you been admitted to Sunshine Private Hospital previously? No Yes → If yes, Please provide further details;

Date of Admission:/...../..... **Details:**
Date of Admission:/...../..... **Details:**

Have you been hospitalised 7 days prior to this admission? No Yes → If yes, Please provide further details;

Hospital: **Reason:**

Patient details

Mr. Mrs. Dr Miss Master:
[Surname] [First Name]
.....
[Second Name/s] [Preferred name]

Date of Birth:/...../..... **Sex/Gender:** Male Female Intersex Other:

Address:
[Number & Street name] [Suburb] [State] [Postcode]

Telephone:
[Home] [Work] [Mobile]

Email Address:

Resident of Australia: Yes No **Country of Birth:**

Marital Status: Single Married Defacto Separated Divorced Widowed

Are you of Aboriginal or Torres Strait Islander Origin: No Yes → If yes, Aboriginal TSI Both

Language spoken at home: **Preferred language:**

Interpreter required? Yes, I require an interpreter No

Religion: None Christian Orthodox Islamic Other:

Do you consent to a clergy visit? No Yes

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PATIENT REGISTRATION FORM

ADM003

PATIENT REGISTRATION FORM

Patient Surname	
Patient First Name	
Unique Record Number	
Date of Birth	
Gender	
<i>Write details or affix label here</i>	

Next of Kin [NOK] details

NOK #1:
 [Name] [Relationship ie. Wife, mother etc] [Phone]

NOK #2:
 [Name] [Relationship ie. Wife, mother etc] [Phone]

General Practitioner [GP] details

Practice Name: **GP Name:**

Address:
 [Number & Street name] [Suburb] [State] [Postcode]

Contact Details:
 [Phone] [Email] [Fax]

Your GP may be notified of your admission. Do you consent to you GP being notified? No Yes

Referring Doctor/ Specialist & Referral letter

Specialists Name:

Address:
 [Number & Street name] [Suburb] [State] [Postcode]

Contact Details:
 [Phone] [Email] [Fax]

Pharmacy Details

Pharmacy Name:

Address:
 [Number & Street name] [Suburb] [State] [Postcode]

Contact Details:
 [Phone] [Email] [Fax]

MyHealth Record <https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record>

Are you enrolled in MyHealth Record? No Yes
Do you consent for your discharge summary to be sent to MyHealth Record? No Yes

Health Information & Medical records [including electronic health record]

Unitas Healthcare Sunshine Private Hospital (SPH) will create and retain records of your condition and the treatment provided, this information will be held in an electronic patient administration system and electronic health record.

These records are confidential. SPH store and manage your health information in accordance with Privacy Act 1988(Cth) which governs the collection, storage, use and disclosure of health information. SPH comply with all relevant legislation including the Health Records Act 2001 (Vic), My Health Records Act 2012 (Cth) and Privacy and Data Protection Act 2014 (Vic).

The contents may only be released or divulged with your consent, where justified law or where the request for release of information meets the Freedom of Information (FOI) Act (1982). Requests for access to your SPH health record can be made by submitting a FOI request form to healthdata@unitas.com.au via our website <https://sunshineprivate.com.au>

It may be necessary for parts of your medical record to be disclosed to other medical professionals to plan and provide your treatment. This includes activities required to operate our hospital, including providing information to your health fund, DVA, the Supplier/manufacturer of your prosthesis, to our insurer, your specialist and your general practitioner. A full version of the Sunshine Private Hospital Privacy and Confidentiality Policy on our website <https://sunshineprivate.com.au>

PATIENT REGISTRATION FORM

Patient Surname	
Patient First Name	
Unique Record Number	
Date of Birth	
Gender	

Write details or affix label here

FINANCIAL INFORMATION

Person responsible for the account Same As Patient details [if not please provide details below]

Mr. Mrs. Dr Miss Master: [Surname] [Given Names]

Address: [Number & Street name] [Suburb] [State] [Postcode]

Telephone: [Home] [Work] [Mobile]

Entitlements

Medicare No. <input type="text"/>	Pension No. <input type="text"/>	Expiry Date <input type="text"/>
Number next to patient name <input type="text"/>	Health Care Card No. <input type="text"/>	Expiry Date <input type="text"/>
Valid From / To <input type="text"/> / <input type="text"/>	Ambulance No. <input type="text"/>	Expiry Date <input type="text"/>

Safety Net Card No Yes → If Yes, please provide your card no. here:

Veterans Affairs Vx No. **DVA Card Colour** Gold White* Orange*
*If White or orange please provide approval letter from DVA

How will this Admission be Claimed? [Please check appropriate box]

<input type="checkbox"/> Private Health Insurance – Please complete section A	<input type="checkbox"/> Repat/Veterans Affairs – Please complete Entitlement section above
<input type="checkbox"/> Work Cover – Please complete section B	<input type="checkbox"/> Uninsured or Travel/Overseas – Please contact 1300 600 978 for an estimate of your hospital costs. These costs are payable preadmission
<input type="checkbox"/> TAC or Third Party – Please complete section c	<input type="checkbox"/> Public in Private – Please contact us on 1300 600 978 for more Information.

Section A – Insurance Details

Health Insurance Fund Name: **Level of Cover:**

Member Number: **Date joined:** **Date Paid to:**

Excess \$ **Excess paid this year?** No Yes **Copayments?** No Yes

Sunshine Private hospital recommend that you confirm your level of cover with your health fund prior to your admission

- ensure that you are covered for this admission and any procedure performed
- understanding your excess and any out of pocket expenses, including Anaesthetist fees
- confirm items numbers with your referring specialist

Certain levels of cover have out of pocket expenses that patients are required to pay. Out of pocket fees are payable on admission. Any additional fees such as pharmacy, pathology, radiology are payable on discharge.

Section B – Work Cover Details

Employers Name: **Contact Name:** **Ph:**

Address:

Date of Injury **Is this date 6 months from the procedure date?** No Yes → If yes, please provide an approval letter from the workplace Insurer

Claim accepted by WCA No Yes **Name of WCA Insurer:**

Claim Number: **WCA Contact Name:** **Ph:**

Section C – TAC or Third Party Details

Date of Injury **Is this date 6 months from the procedure date?** No Yes → If yes, please provide an approval letter from the TAC Insurer

Claim accepted by TAC? No Yes **Accident Location:**

TAC claim Number: **TAC Contact Name:** **Ph:**

..... [Name of person filing out this form] [Signature]

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PATIENT REGISTRATION FORM

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