

**LONGUEVILLE PRIVATE HOSPITAL – PRE ADMISSION FORM**

47 KENNETH ST LONGUEVILLE NSW 2066

PH: 9427 0844 FAX: 9427 8769

Booking Date ..... Admission Date to LPH .....

Bed Allocation ..... Previous LPH Patient: Yes  No  Unknown

Surname ..... Given Names ..... DOB ..... / ..... / .....

Address ..... Postcode .....

Phone ..... Religion ..... Male / Female ..... Marital Status .....

NOK ..... Relationship .....

Home Phone ..... Work Phone ..... Mobile .....

Health Fund ..... Membership No ..... DVA No .....

Admission Diagnosis .....

Relevant History .....

Local GP ..... Admitting LMO .....

Medicare No ..... Exp Date ..... Pension No .....

Medical  Palliative

Transferred From ..... Ward ..... Contact ..... Phone .....

Original Date of Admission ..... Prev Hospital if any .....

Any current or past Infectious Conditions?  No  Yes Details .....

Multi Resist Organism Status:  Yes Hx MRSA / VRE / ESBL / Other  No (please swab following:

Nose, Axilla, Groin, All wounds / Skin breaks, IDC – urine, indwelling devices – CVC, IVC, PICC, PEG, SPC)

Has the ward had any gastro / flu symptoms in the past 4 days?  Yes  No Patient affected:  Y  N

Cognitive Status:  Alert  Orientated  Co-operative  Confused  Dementia

Absconding Risk  Aggression

Medical Requirements:  O2  IV / CVC / PICC (circle)

Mobility / Transfers:  Independent  Assist \_\_\_\_\_ person(s) Min / Mod / Max (circle)

Mobility aid?  Yes, type: .....  No

Weight bearing status:  FWB  WBAT  PWB  TWB  NWB (for \_\_\_\_\_ more weeks)

ADL's:  Independent  Supervision  Min Assist  Mod Assist  Full Assist

Continence:  Continent  Incontinent Urine  Incontinent Faeces

SPC  IDC  Colostomy

Nutrition:  NGT  PEG  Diabetic

Diet: .....  Supplements: .....

Skin Integrity:  Intact  Wound  Pressure Injuries

Type of Dressing + Frequency: .....

Physical:  Weight (kgs) \_\_\_\_\_

Is specialized hospital equipment required?  Yes  No

Comments: .....