



Accredited Day Procedure Centre, 56 Grosvenor St, Woollahra, next to Bondi Junction Bus/Train Exchange, 9387 1738

PRE-ADMISSION FORM

ADMISSION DAY & DATE PROCEDURE

Title [Mr] [Mrs] [Ms] [Miss] [Dr] (circle one) PERFORMED BY Dr R. Shew / Dr M. Hing

Surname Other Names

Address P/C

Home phone No Mobile/alternate phone No.

Date of birth Occupation

Medicare number Ref No Expiry date:

Referral Date Referring Doctor

Private Hospital Fund Membership number

Type of cover Do you have an excess to pay? Y/N amount

Name of contributor Date joined

Pension or HealthCare Card number Expiry date

Name & address & phone of next of kin

The NSW Health Department require the following information:

Marital Status [M] [SEP] [S] [W] [D]

Aborigine [YES] [NO] Torres Strait Islander [YES] [NO] Both [YES] [NO]

Country Of Birth Language Spoken At Home

I certify that the above information is correct and that I will not be driving a vehicle or operating machinery for the remainder of the day.

Signed DATE

- Name and contact details of person taking you home
Please nominate person you can call after discharge should you feel unwell

ALL QUESTIONS MUST BE ANSWERED - PLEASE PRINT CLEARLY

ON THE DAY OF YOUR APPOINTMENT PLEASE BRING WITH YOU:

- This form, the blue Pre-Procedure Form, Your Medicare Card; Pension, Health Care or Health Fund Card if Applicable
A list of current medications including complementary medications (such as over the counter and herbal medications).
Reading Material in case we run late