Bondi Junction Endoscopy Centre

Pre-Admission Form

SECTION 1.

Please complete section 1. 2. 3 & 4 and fax back with GP's referral 7 days before your appointment.
We need these forms to progress your booking.

Admission date: _____

Admission time (this is not your procedure time) _____

Please bring with you on the day of your appointment:

1. Medicare, Pension card or health care card if applicable
2. A list of current medications or herbal or vitamins you may be taking, blood tests & Xrays.
3. Reading material in case of a long wait.

For Health Statistics please answer the following questions

Marital Status *(Please circle)*: Single / Married / Separated / Divorced / Widowed **Title:** Mr Mrs Miss Ms Dr

Name & Address as shown on your Medicare Card

Surname: _____ **Given Names:** _____

Date of Birth: ____ / ____ / ____ **Home phone No.:** _____ **Mobile/Alternative:** _____

Address: _____ **Post Code:** _____

Occupation:_____

Health Cards & Health Fund Details

Medicare Card No: ____ ____ ____ ____ / ____ ____ ____ ____ ___ / ____ Valid to ___ ___ / ____ ____ Your No.: _____

Does it say "Reciprocal Health Care" on your Medicare card? Yes ☐ No ☐.

Veterans Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___

Aged Pension Card – Aged 65 & over: ____ ____ ____ - ____ ____ ____ - ____ ____ ____ ____

Private Health Fund: Yes / No Name of Fund: _____ Membership No.: _____

Type of Cover: (if known): _____ **Do you have excess to pay:** Yes/ No Amount: _____

GP Details or Referring Doctor

Referral Date: _____ **Referring Doctor or GP Name:** _____

Address: _____ **Phone:** _____

Emergency Contact

Name: _____ **Contact No.:** _____ **Relationship:** _____

Ethnic Background

What is your Country of Birth?: _____ **Spoken Language:** _____

Are you of Indigenous Descent?: Aboriginal Yes ☐ No ☐ Torres Strait Islander Yes ☐ No ☐

Patient Signature

Patients Signature: _____ **Date:** _____

Thank you for completing this form which will assist us in providing quality delivery of care.
All information given is private and confidential and will be treated so under the Privacy Act of NSW.

56 Grosvenor St, Woollahra 2025 TEL: 9387 1738 / Fax: 9387 6211 www.sydneyendoscopy.com.au

Bondi Junction Endoscopy Centre

Consent for Procedures

SECTION 2.

Part A: Provision of Information to Patient *(To be completed by Medical Practitioner)*

I, Doctor …… have informed: ……
(Name of medical practitioner) *(Insert name of patient/parent/guardian)*
of the nature, likely results, and risks of the recommended procedure and/or treatment. The agreed procedure and treatment that the patient is to undergo is ……
(Insert name of operation/procedure and/or treatment)

Signature of Medical Practitioner: ……Date: ……

Part B: Patient Consent *(To be completed by Patient)*

1. I understand that a colonoscopy has the following specific risks and limitations:
- Some patients are not able to tolerate the bowel preparation causing vomiting, pain and dehydration
- Some abdominal discomfort or bloating occurs not uncommonly for a short while after the procedure.
- There may be minor bleeding from sites where biopsies or polyps have been removed which will heal in time. If bleeding is persistent after polypectomy, I may need a second colonoscopy or go into hospital to deal with the bleeding. A CLIP or LOOP may need to be placed to stop bleeding.
- Serious problems arising from a colonoscopy are rare but include perforation (making a small hole) of the bowel. If this should happen, I may need an operation to repair the hole. Average risk is 1 in 3000.

2. I understand that a gastroscopy has the following specific risks and limitations:
- The instrument may cause a perforation of the oesophagus, stomach or duodenum, but this is extremely rare. If it did happen, I would need to stay in hospital for treatment, which may include surgery.
- There is a very small risk dental crowns or bridgework may be damaged.
- There is a slight possibility I may have a sore throat for a short while or bruised lip

3. I Understand in Oesophageal dilatation the instrument may cause a perforation or a hole of the oesophagus in a small percentage of cases and may require surgery. A tear of the oesophagus lining may cause bleeding

4. In regard to the sedation, it can be associated with:
- Discomfort or pain when inserting a cannula (needle) into the arm or back of hand, inflammation around the cannula site due a reaction from medication or extravasation of the drug
- Some slowing of my breathing. In a few cases, where sedation is especially deep, there is a risk of inhaling stomach contents. If this happens, I would need to stay in hospital for treatment.
- After sedation I may experience; drowsiness, nausea, light headedness and poor memory for 24 hours, I must not drive or make important decisions until the next day.
- Sedation can affect the blood pressure and heart function. Which is why they are monitored during the procedure

5. In regard to Privacy:
- I agree to photographs being taken of this procedure.
- I understand and consent my information will be respected and, apart from information which is required to be divulged to others by law, it will not be released without written authorisation from me. All information is private & confidential in accordance to National Privacy Principles.
- I understand that Bondi Junction Endoscopy Centre acknowledges their obligation under the Privacy Amendment (Private Sector) Act 2000 & Health Record & Information Privacy Act 2002 in that any personal health information collected will be used to ensure good delivery of care.

6. I understand the above risks are more likely if I; smoke, am overweight, have heart disease, have sleep apnoea, have high blood pressure or diabetes. I understand the following are possible significant risks and complications specific to my personal circumstances, which I have considered. There are rarer complications which you can ask your doctor about.

7. I also understand that biopsies of tissue and polyp removal are part of endoscopy and colonoscopy. If a large polyp requires a CLIP or LOOP to stop bleeding I understand that I may be required to pay out-of-pocket expenses if not in a Private Heath Fund and these charges are not claimable from Medicare.

8. I understand that instruments are cleaned according to a very strict protocol between examinations to prevent the risk of infections. Single use items are not reused.

9. I also understand that I may not be given sedation or my procedure can be cancelled if I have not arranged accompanied transport home after my procedure.

10. Cancellation without notice 2 working days prior or NO Show may induce a charge of $100.

After reading Part B, 1-10; I consent to the following procedure/s and treatment as mentioned in Part A.

Name…… Signature …… Date: ……
(Please write clearly name) *(Patient or Guardian Signature)*

Name…… …… Signature …… Date: ……
(Witnesses Name if applicable) *(Relationship)*

Bondi Junction Endoscopy Centre

Pre-Admission Form

Please read the following instructions before completing the Form.

1. Upper Endoscopy: See Upper Endoscopy information sheet
   Colonoscopy: See Colonoscopy information sheet and Moviprep bowel preparation instructions
2. You will be ready to go home about 3 hours after admission. Please note your admission time is not the time of the procedure
3. Care Next Door provides transport at a cost if you cannot arrange for someone to take you home. Their number is 96667930.

SECTION 3. (Please tick)

Do you have a history of Heart trouble; including chest pain, heart murmur, heart surgery, pacemaker or Defibrillator?

☐ No. If Yes, Give details .....

Do you have a history of respiratory illnesses such as; Asthma, chronic lung disease, shortness of breath or sleep apnoea?

☐ No. If Yes, Give details .....

Any history of falls or pressure injuries? Do you need assistance to walk?

☐ No. if yes, Give Details .....

Are you a diabetic?Any complications?

☐ No. If yes, Give details .....

Do you have Hep B, Hep C and/or HIV? Have you had MRSA/VRE/Clostridium Difficile?

☐ No. If yes, Give details .....

Do you have any neurological disorders, such as stroke, or epilepsy?

☐ No. If yes, Give details .....

Do you have family history of bowel or stomach cancer?

☐ No.If yes, Give details. .....

Do you Smoke? Do you drink more than 2 standard drinks/day?

☐ No. If Yes, Give details .....

Have you been in hospital in the past?

☐ No. If Yes, Give details .....

Have you had endoscopic procedure in the past?

☐ No.If yes, Give details. .....

Have you had any problems with the procedures or anaesthetics?

☐ No. If yes, Give details .....

Have you arranged for someone to take you home? (If no, please refer to Part B, No 4 of the consent form)

☐ No, If yes, what is the person's phone number. .....

SECTION 3. MEDICATIONS

Do you take blood thinning medications such as; Aspirin, Warfarin, Pradaxa, Xarelto, Eliquis, Anti-inflammatories, Plavix or Clopidogrel?

☐ No, If yes, Give details and last dose .....

Are you Allergic or Sensitive to any medications, latex or food ?

☐ No, If Yes, Give details .....

Are you taking any regular medications or vitamins?(Include the over the counter medications) If yes, please specify in the table below.

Name of Medication or Vitamins	Stength if known	How much or many?	How often

Weight _____**kg, Height** _____**metre (BMI weight/height^2)**

Bondi Junction Endoscopy Centre

Short-term Careplan & Charter of Rights

SECTION 4.

The purpose of our Short term Care Plan is to ensure the delivery of quality care by identifying and preventing potential risks. Patient involvement and understanding is important to our Centre in achieving our goals in recognising and preventing risks to achieve positive outcomes.

Our Aim	How we intend to do this?	Our Outcomes
Safety to patient by preventing patient falls	- Environment to be maintained at all times to prevent falls. - Patient to be assisted and supervised at all times. - Falls Risk Assessment Tools to be completed on patients that are at risk of falling.	- Patient safety is maintained and no evidence of patient falls reported
Prevent pressure by monitoring patients skin condition	- A Waterlow assessment completed on admission to review patient skin condition - Monitoring of pressure areas during theatre and recovery and documenting checks have been completed.	- No evidence of skin injuries reported.
Recognising & responding quickly when a patient becomes unwell by seeking medical assistance immediately and reporting outcomes	- Nursing recognises and responds quickly when a patient becomes unwell and reports immediately to the doctor for medical assessment. - Events are documented and followed up to ensure continuous care of events.	- Immediate response and treatment provided. Patient well and discharged home - Patient transferred to hospital for further observation.
Preventing the spread of any bacteria by adhering to handwashing and strict cleaning and sterilising procedures.	- Use of gloves and gowns to protect staff and patients - Staff washing hands before and after contact with patients and procedure - Equipment is cleaned and sterilised through strict disinfection procedure by qualified staff.	- No reported infections
Ensuring that instructions and information are passed on to staff and patients	- Clinical instructions are given verbally and documented in patient notes. - Verbal or written report is given to patients on discharge - Discharge information is given to patient prior to going home and follow up arrangements discussed by doctor - Nurses telephone patient after procedure	- Discharge information and follow up documented - Review of telephone outcomes
Ensuring that the "right" patient is having the "correct" procedure	- ID band placed on the patient with correct details. - Consent form is checked by staff and patient to ensure correct procedure and patient has been informed.	- Correct patient details and correct procedure being performed.
Ensuring patients are safe to take medications during their procedure	- Patients to complete medication and allergies section. - Sedationist will go over with the patient any medications and allergies. - Allergy alert bands to be worn.	- No adverse drug or medication incidents - Alert bands worn

Australian Charter of Healthcare Rights

Healthcare rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe. Please see our website if you wish to view the full version or ask reception. What can I expect from the Australian health system?

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

I acknowledge that I have read the Short-term Care plan and the Charter of Rights: Signature: .....