



Unit Record Number
Surname
Given Name
D.O.B. Age Sex

Affix Patient Identification Label

DOCTOR TO COMPLETE PATIENT BOOKING FORM A

Private Consultant:
Consultant Contact:
Patient Surname: Given Name(s):
Date of Birth: Male Female
Patient Address:
Suburb: Post Code:
Contact Number(s) Home: Mobile:
Work/Other: Email Address:
Health Fund:
Membership No: Card Ref. No.
 Self Insured (estimate required) TAC WC DVA Number:
GP Name: Address:
Has the patient been in JMPH/Monash Health previously? Yes No
Is this admission related to previous admission/s Yes No
Name previously admitted if different from above
Has the consent form been signed and faxed/sent to bookings office together with this booking? Yes No

Chief Complaint:
Admission Date:
Admission Time:

Allergies/Alerts:
Expected Length of Stay:
Services Requested: JICU HDU
 Image intensifier
Equipment to be booked:
 IOUS USA Stealth Microscope
 Jackson Table NIM monitor

Problem List/ Past history:
Procedure(s):
Date of Operation:
Theatre Booking Required: Yes No
Comment:

Instruction for patient prior to admission.
Medications:

Anti coagulant instructions:
Procedure Item number/s:
Prosthetic and Item number/s:

Pathology/Radiology:
Has the patient been advised of all prosthetic items known to be used for above procedure/s? Yes No

Fasting Instructions:
Maternity Booking:
Estimated Day of Delivery:
 NVD LUSCS
Has the patient been advised that a gap or full fee may be payable on the above prosthetic items? Yes No





246 Clayton Road, Clayton Vic 3168 Tel 9594 2776

Unit Record Number
Surname.....
Given Name.....
D.O.B.....Age.....Sex.....

Affix Patient Identification Label

Medication ordered on Admission / Pre medication

Date	Medication / IV therapy	Dose	Route	Frequency	Consultant Signature	Consultant name printed

Private Consultant name (PRINT).....

Private Consultant Signature Date

Current Patient Medications

Pharmaceutical name	Dose	Route	Frequency
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Private Consultant name (PRINT).....

Private Consultant Signature Date

Comments:

.....
.....
.....
.....

ADMISSIONS PACK - PATIENT BOOKING FORM (1) MRD04(I)