



SYDNEY DAY HOSPITAL

Admission Detail and Consent Form

Please email a copy of the completed form to info@sydneydayhospital.com.au at least 7 days before your surgery date to secure the booking and bring the original form fully completed on the day of your procedure.

Date: _____ Doctor: _____

MR MRS MS MISS DR PATIENT NAME _____

ADDRESS (physical address not PO Box) : _____

Post Code _____

TELEPHONE: HOME: _____ WORK _____ MOBILE: _____

SEX: M F D.O.B.: _____ MARITAL STATUS: M S W D Sep DeFacto

COUNTRY OF BIRTH _____ LANGUAGE SPOKEN AT HOME _____

INTERPRETER NEEDED YES NO RELIGION _____

INDIGENOUS STATUS Aboriginal Torres Strait Islander Both Neither _____

OPERATION DATE / / HAVE YOU BEEN AN INPATIENT PREVIOUSLY? YES NO

MEDICARE NO: _____ PENSION/DVA NO: _____

HEALTH FUND _____ MEMBERSHIP NO _____

NAME OF CONTRIBUTOR _____

NEXT OF KIN/CONTACT (name) _____ Home Phone No: _____

RELATIONSHIP TO PATIENT _____ Business Phone No: _____

ESCORT (name) _____ Home Phone No: _____

RELATIONSHIP TO PATIENT _____ Business Phone No: _____

The fees for my hospitalisation have been explained to me and I understand and accept that if I do not fulfil the requirements of my health fund I am liable for all fees incurred. Sydney Day Hospital has endeavoured to obtain correct information from my fund prior to my admission in order to quote me correctly. Should my fund find that my condition is deemed pre-existing, I am aware that I am responsible for the account in full.

Patient or Guardian _____ Date _____

Staff Member _____ Date _____

CONSENT TO TREATMENT

I, _____
Print name in full

- Request that the procedure of _____
_____ be carried out at Sydney Day Hospital.
- I confirm that Dr _____ has explained to me, the surgical procedure, the alternative treatments, the possible complications and risks together with the consequences.
- I also confirm that I have been given documentation explaining the procedure, complications and risks.
- I have discussed this matter with my doctor and have had the answers to all of my questions explained.
- I do not have any further questions and feel that I understand what has been explained to me.
- I acknowledge that I have been advised that there are occasions when the desired results and expected outcomes of the procedure are not always achieved and would still like to proceed with the operation.
- I also agree to the administration of medications and other forms of treatment associated with the reasons for this admission.
- I also agree to my blood being taken for serology in the event of a sharps injury
- I also acknowledge that the Sydney Day Hospital disclaims any and all liability for any injury and/or other damages I may cause or sustain in the event that I should ignore, overlook or not accept the advice, cautions or warnings that have been given to me in these matters.
- I acknowledge that for my protection and safety, I have arranged to be taken home from the centre by someone who can be responsible for me, such as an adult member of the family or friend, and that I should not attempt to go home by myself following discharge from the centre.
- I hereby give my consent for Sydney Day Hospital to use my personal information for the reasons outlined in the Sydney Day Hospital Privacy Policy.

Patient/Guardian's Signature

Surgeon Signature

Date

CONSENT FOR ANAESTHESIA

- I confirm that Dr _____ has explained the method of anaesthesia the drugs used and possible complications, risks and adverse reactions to me and I wish to proceed.

Cross out for Procedures not requiring Sedation or General Anaesthesia

- I have also been cautioned against driving a vehicle, operating any equipment or machinery, or signing legal documents for up to 24 hours after discharge from the centre.

Patient/Guardian's Signature

Signature of Anaesthetist

Date