

Place ID Label Here



REQUEST FOR ADMISSION

To be completed by Doctor and forwarded to admission office two weeks prior to admission: Admit@esphospital.com.
The ESPH online admission form and Patient Health Questionnaire must be completed by patients at least 7 days prior to admission at: esph.admission.com.au. Or use QR code for link:

PLEASE ADMIT

Mr Mrs Ms Miss Master Mx Date of Admission: _____

Surname: _____ Given Names: _____

Address: _____

Telephone: Home _____ Business _____ Date of Birth: _____ Sex: Male Female
 Non-Binary

Health Fund: _____ Member No: _____

Medicare No: _____ Ref No: _____ Expiry: _____

CLINICAL DETAILS

Presenting symptoms: _____

Principal diagnosis, i.e. the condition which best accounts for patient's stay in hospital: _____

Relevant allergies/ co-morbidities/ medications: _____

OPERATION

Proposed operation/treatment: _____

Date of Operation: _____ Item Numbers: _____

Expected length of stay: Day-only patient OR Inpatient **If inpatient please specify number of nights** _____

Expected length of operation: _____

Specific pre-operative instructions (including tests required): _____

Specific surgical equipment requirements i.e. loan sets/prosthesis/implants: _____

SPECIFIC ORDERS ON ADMISSION

Please list specific instructions you require. i.e.: **Medications/Pathology etc** **Radiology required** Yes No

Referring Doctor's Details

Name: _____ Signature: _____

Physician referral: ESPH Request for Admission acts as a standing order referral for ESPH physician to review patient if required (eg: medical review in the event of deterioration, medications review and reconciliation, etc)