



Please tick which Epworth site you are being admitted to:

- Brighton
- Camberwell
- Eastern (Box Hill)
- Eastern Ekeru
- Freemasons Clarendon St
- Freemasons Victoria Parade
- Geelong
- Hawthorn
- Richmond
- Richmond Rehab

Affix EPWORTH Patient Identification Label

Patient Name			
Date of Birth	/ /	Contact No. Home	
Mobile		Work	
Address			
Health Fund		Membership No.	
Medicare No.		Expiry	/ /

PRE-ADMISSION DETAILS

To be completed by the Admitting Medical Practitioner. Please forward completed form to Booking Office at relevant Epworth site at least 3 business days prior to admission.

Affix DOCTORS ROOMS Patient Identification Label

Procedure Date: ____ / ____ / ____

Admission Date: ____ / ____ / ____

Admission Time: ____

Admitting Doctor:

Adverse Reaction / Allergies / NKA:

Funding (Workcover/TAC/Overseas/Self-insured)
Surgical Assistant:

Admission Diagnosis:

Anaesthetist:

Accommodation Request: Day Case Overnight ICU Bed CCU Bed

Expected Length of Stay: _____ days

Expected Discharge Outcome: Home/assisted care Rehabilitation Other: Specify

Procedures:

E-CMBS Number/s:

Equipment and Instrument requirements:
Loan equipment booked? No / Yes / Company name

Prosthesis Required		Prosthesis Description	Supplier
Yes	No		

Investigations / Special Requirements on Admission:

ECG ordered?
X-ray done?

Consent signed?

Pathology ordered Yes No Specify:

Physician Review / Shared carer involved Yes No Specify:

Treating Medical Practitioner _____ / _____ / _____
Signature Print Name Date

MR2

PRE-ADMISSION DETAILS

MR2