

Vale Street, Mornington 3931  
Phone 5975 2009  
Fax 5975 2373

**PLEASE COMPLETE AND RETURN TO THE HOSPITAL  
AS SOON AS POSSIBLE TO CONFIRM YOUR ADMISSION  
PLEASE USE BLOCK LETTERS**

SHADED AREAS FOR OFFICE USE ONLY

MRN No

ADMISSION DATE

ADMISSION TIME (24 hour clock)

**EXPECTED DATE OF ADMISSION**

/ /

**TITLE** Mr/Mrs/Miss/Ms/Master/Doctor

Are you of Aboriginal or Torres Strait Islander descent? No ☐ Yes ☐

**SURNAME**

**BIRTH DATE**

/ /

**AGE**

**GIVEN NAMES**

**RELIGION**  
(OPTIONAL)

Country of Birth:

**PREVIOUS SURNAME**

If Australia, **which** state:

**SEX**

**M**

**F**

**MARITAL STATUS**

Are you a current Bays Member?

No ☐ Yes ☐

**ADDRESS**

State Postcode

**TELEPHONE** Home No. Mobile Work

**EMAIL**

**Medicare No.**

**Card Ref. No**

**Valid to**

**Please bring in on admission**

☐ Health Care Card

☐ Pension Card

Number

☐ DVA Pension Card

☐ Pharmaceutical Entitlement Card

Expiry Date

Pharmacy Safety Net No. or Regular Pharmacist

Ambulance Victoria Subscriber? No ☐ Yes ☐ Member No.

(Note: Not all ambulance costs are 100% covered under health insurance)

Who is funding this admission?

**Health Fund** ☐

**Workcover** ☐

**TAC** ☐

**SELF** ☐

**DVA** ☐

Health Fund/Insurance Co.

Membership No.

DVA CARD - GOLD ☐ WHITE ☐

DVA Number

**Do you have a special dietary requirement?** No ☐ Yes ☐ If yes please specify:

**Reason for admission:**

**ADMITTING DOCTOR**

**GENERAL PRACTITIONER**

**PHONE NUMBER**

**CLINIC NAME AND ADDRESS**

**NEXT OF KIN / FIRST CONTACT**

Name

Address

Relationship

Phone No.: Home

Mobile/Work

**SECOND CONTACT**

Name

Relationship

Phone No.: Home

Mobile/Work

Have you been a patient at this hospital before? No ☐ Yes ☐

→

What Year?

**PATIENT'S SIGNATURE** (Parent or Guardian if applicable)

Signature

Date

**OFFICE USE ONLY**

Has the Patient been discharged from another Hospital within the last seven days?

No ☐ Yes ☐

Name of Hospital

Adm. Date:

Staff Initial: Pre-booking

Admission

Room

DO NOT WRITE IN MARGIN

PATIENT REGISTRATION

MR/001