clintel
intelligent clinical software

ADMISSION SUMMARY

URN: _____ VOL: _____ ROOM: _____

SURNAME: _____

GIVEN NAMES: _____

GENDER: M ☐ F ☐ X ☐ DATE OF BIRTH: _____

ADDRESS: _____

_____ PCODE: _____

EMAIL: _____

MOBILE: _____ HOME: _____

ADMISSION DATE:		ADMISSION NO:	
DISCHARGE DATE:		BED DAY COUNT:	

The following questions are asked in order to plan and provide appropriate patient care

COUNTRY OF BIRTH: _____ RELIGION: _____

OCCUPATION: _____ MARITAL STATUS: _____

ABORIGINAL ☐ TORRES STRAIT ISLANDER ☐ BOTH ☐ NEITHER ☐ NOT DISCLOSED ☐

REFERRING DR: _____ CLINIC: _____

USUAL GP: _____ CLINIC: _____

ADMITTING PSYCH: _____ ADMISSION APPT TIME: _____

PRIVATE HEALTH ☐ DVA ☐ WORKCOVER/ THIRD PARTY ☐ SELF INSURED ☐

INSURER: _____ LEVEL: _____ M'SHIP/ CLAIM NO.: _____

MEDICARE NO.: _____ REF: _____ EXPIRY: _____

PENSION/ HEALTH CARE CARD NO.: _____ EXPIRY: _____

AGED ☐ DISABILITY ☐ UNEMPLOYED ☐ SICKNESS BENEFIT ☐

REGULAR PHARMACY: _____

PBS SAFETY NET REACHED: NO ☐ YES ☐ **SN**_____

HOSPITALISATION IN LAST 7 DAYS? *(or 28 days for BUPA/ HCF):* NO ☐ YES ☐

NAME OF HOSPITAL: _____ DISCHARGE DATE: _____

NEXT OF KIN: _____ RELATIONSHIP: _____

ADDRESS: _____ PCODE: _____

PHONE (M): _____ (W): _____ (H): _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE (M): _____ (W): _____ (H): _____

ADMISSION CHECKLIST

URN: _____ VOL: _____ ROOM: _____

SURNAME: _____

GIVEN NAMES: _____

GENDER: M☐ F☐ X☐ DATE OF BIRTH: _____

ADDRESS: _____

_____ PCODE: _____

EMAIL: _____

MOBILE: _____ HOME: _____

ADMISSION OFFICER TO COMPLETE

	Health Fund eligibility checked
	Informed Financial Consent explained, signed, copy given to patient (and Addendums if required)
	'Consent to the Use of Personal Info' Form (MR1B) signed (Inpatients only) (THC Privacy Policy offered, if applicable)
	'Patient Agreement' Form (MR1D) signed (Day Program patients only)
	Admission Summary faxed to Pharmacist @ South Arm Pharmacy (Ensure Medicare, Pension/ Health care cards, Safety Net listed, if applicable)
	GP letter faxed or emailed
	Patient labels printed and affixed
	Prefilled Psych Care certificate provided to Psychiatrist for completion (All funds except BUPA, DVA, W/Comp, SLM)
	Patient pharmacy dispensing history and/ or webster pack history requested
	Redbook updated for new patients
	Tracer placed in medical file room
	HosCare entry (incl Bed Day Count, applied for readmissions)
	ZedMed entry (incl referral details, patient alerts and NOK)
	MPI spreadsheet – new details entered; existing details verified
	Programs Discharge Planner updated (Inpatients only)
	Copy of Admission Summary front page (New patients and updates) provided to hospital accounts for MYOB (EXO) entry (All funds except BUPA, DVA, W/Comp, SLM)

Completed by: _____ Date: _____