**Additional information on admission**

**Date/ time of admission \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for admission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mode of access** Ambulatory

Wheelchair

Stretcher

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transported with** Oxygen

(multiple option) Monitor

IV

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Admission method** Waiting list

Booked

Planned

A&E department

General Practitioner

Bed Bureau

Consultant Clinic

Other ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Help needed** Yes No