

# Additional information on admission

**Mode of access**      Ambulatory      ☐  
Wheelchair      ☐  
Stretcher      ☐  
Other      \_\_\_\_\_

**Transported with**      Oxygen      ☐  
Monitor      ☐  
IV      ☐  
Other      \_\_\_\_\_

**Admission method**      Waiting list      ☐  
Booked      ☐  
Planned      ☐  
A&E department      ☐  
General Practitioner      ☐  
Bed Bureau      ☐  
Consultant Clinic      ☐  
Other      \_\_\_\_\_

**Additional Help needed**      Yes ☐      No ☐