Ready for Hospital

Please call 1300 000 161 on discharge

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| CLIENT DETAILS | | | |
| Full Legal Name: | | Date of Birth 30/05/1952 | |
| Address: | | | |
| Suburb: WA | | Postcode: | |
| Known conditions or illnesses: Current:  Other history: Gillian Barr Syndrome (foot and ankle paresis), hypertension, chronic pain (lower back and feet), depression and anxiety. | | | |
| Allergies or adverse reactions to medications: | | | |
| Food allergies or sensitivities: | | | |
| Primary care Physician/GP: | | | |
| Medical specialists: | | | |
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| GENERAL DETAILS | | | |
| Medicare no: | Client no: | | Expiry: 01/12/2027 |
| Health fund name: | Membership no: | | |
| Ambulance membership no: | Pensioner no: | | |
| DVA card no: |  | | |
| Hospital requested: | | | |
|  | | | |
| CONTACT DETAILS | | | |
| **Southern Plus: 1300 000 161** | | | |
| **Emergency Contact One** | **Emergency Contact Two** | | |
| Name: | Name: | | |
| Relationship: | Relationship: | | |
| Phone no.(H): | Phone no.(H): | | |
| Phone no.(Wk): | Phone no.(Wk): | | |
| Phone no.(Mob): | Phone no.(Mob): | | |
|  | | | |
| \*\*REMEMBER TO PACK YOUR MEDICATIONS\*\* | | | |