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Privacy: Pittwater Day Surgery acknowledges its obligations to you under the Privacy Act 1988 as amended. Please forward any concerns / complaints to the Director of Nursing for Pittwater Day Surgery or the Health Care Complaints Commission (Toll Free) 1800 043 159; www.hccc.nsw.gov.au

Please complete this form ASAP and return to PDS at least 7 days prior to your procedure date

Operation Date:...../...../..... Surgeon:.....
Admitting Diagnosis
Planned Procedure
..... GA / LA / Sedation / Nil
Corresponding Item Numbers.....

Patient Name:

Mr. Mrs. Ms. Miss. Master

D.O.B. / / Age Sex M F

Address:

..... Post Code:.....

Phone: (H)..... (W)..... (M).....

Email:.....

Marital Status: Child Single Married Widow Separated Divorced Defacto

Country of Birth:..... Language spoken at Home:

Occupation:..... Referred by Dr.....

Aboriginal: Yes No Torres Str. Is. Yes No

Next of Kin:..... Relationship:..... (Ph)

Do you have an Advanced Care Directive or Treatment Limiting order? Yes No A copy is required if applicable

Health Fund Details- To be completed by Patient and Office staff

Medicare No:..... Line reference: DVA No White / Gold

Health Fund:..... Membership No:..... Co-payment/ Excess.....

Financial Yes No Fund Check (Initial) Uninsured fee on admission

Consent for Treatment, Surgery & Anaesthesia

I, acknowledge that Dr has discussed the following procedure for my child (name) / me.....

- We have discussed available alternatives; the nature & risks of this procedure & the possibility of altered or additional procedures being required. We have also discussed the involvement of anaesthetics & medications & their associated risks.
 A sample of my blood may be taken for serology in the event of a sharps injury to PDS staff.
 I confirm that a responsible adult will escort me home & stay with me overnight (GA/Sed'n).
 I understand that I should not sign legal documents, operate machinery or drive/ride a motorcycle or vehicle in the first 24 hours following my general anaesthetic or IV sedation.
 I acknowledge that PDS is not liable for any injury/damages I may cause or sustain if I ignore, overlook or not accept the above cautions or warnings.
 In line with Privacy Legislation, I consent to my details being released to Health Funds Private Hospital Data and other relevant health service providers.

Patient / Guardian Signature Surgeon Signature..... Date...../...../.....

DO NOT WRITE IN THIS BINDING MARGIN

Medical History Questionnaire

Patient name
D.O.B...../...../.....
MRN
Surgeon.....
Admission Date...../...../.....
Please affix PDS patient label here

Medical History	Yes	No	N/A		Yes	No	N/A
Problem with Anaesthetics General / Local				Have you been overseas in the last 6 weeks or been in an overseas hospital in the past 12 months?			
Family history of Anaesthetic Problems				Have you had a cold/flu in the past 2 weeks?			
Diabetes – Type 1 or Type 2?				Have you taken steroids / Cortisone in last 6 months?			
Asthma / Lung Disease/ Shortness of Breath				Do you take any blood thinning medications? E.g. Aspirin, Warfarin, Viagra/Plavix?			
Sleep Apnoea / CPAP				Have you had anaemia or a blood transfusion?			
Reflux or Indigestion				Do you have bleeding or clotting tendencies?			
Cardiac Disease / Cardiac surgery / Chest Pain				Have you been exposed to any communicable illnesses? E.g. MRSA, CRE, VRE			
High Blood Pressure / irregular heartbeat				Do you have HIV, Hepatitis?			
Rheumatic fever				Have you been investigated for CJD exposure?			
Stroke / chronic or degenerative illness				Do you have a history of mental illness e.g. anxiety, depression, dementia or delirium?			
Epilepsy / Parkinsons disease?				Have you recently undergone a cognitive assessment?			
Any Back or Hip problems?				Do you have any surgical implants e.g. Pacemaker / Cochlea Implant / joint replacement?			
Could you be pregnant?				Are you unsteady & use a walking frame/ stick? Have you had a recent fall?			
Do you currently smoke?							
Have you ever smoked ?							
When ceased ?							
Do you drink alcohol? /day							
Weight kgs							
Height cms							

If you answered YES to any of the above, please provide details here or on a separate page

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Allergies & associated reactions

Sensitivities?

Previous Operations/ Hospitalisations

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Current medications

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Vitamins & herbal supplements.....

Please ask your GP for a copy of your medication regime and bring this with you on admission (if applicable)