Mater
Private Hospital Brisbane

Specialist to Complete

This form is for specialists or their practice staff to fill out.

It will provide Mater Private Hospital Brisbane with hospital admission booking details.

AFFIX PATIENT IDENTIFICATION LABEL HERE

Admission Request to Mater Private Hospital Brisbane

Please complete this form in BLOCK LETTERS and fax to Mater Private Hospital Brisbane Booking Office on 07 3163 1193 or email diane.rhodes@mater.org.au

1. Patient Details - Your practice patient label may be used

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ Date of Birth / / Male ☐ Female ☐

Surname ____ Given Names ____

Address ____

State ☐☐☐ Postcode ☐☐☐☐ Has the patient ever been admitted to Mater Private Hospital Brisbane? YES ☐ NO ☐

Tel Number ☐☐ ☐☐☐☐☐☐☐☐ Mobile ☐☐☐☐☐☐☐☐☐☐

2. Insurance Details

Fund ____ Membership Number ☐☐☐☐☐☐☐☐☐☐☐☐

Medicare Number ☐☐☐☐ - ☐☐☐☐☐ - ☐ Admitting Doctor ____

3. Admission Details

Admission Date / / Admission Time ____ AM/PM Procedure Date / /

Admission Type Day Patient ☐ Endoscopy Unit ☐ CardioVascular Unit ☐ Inpatient ☐

Reason for Admission ____

Other Medical Conditions or patient requirements:
(eg. Chronic illnesses, Difficulty mobilising, Nutrition needs etc) ____

Provisional item no/s Procedure/s

Estimated Op time ____ mins Estimated L.O.S ____ Days ICU admission post-op ☐ Yes ☐ No

CCU admission post-op ☐ Yes ☐ No Prosthesis required? ☐ Yes ☐ No

Theatre Equipment required, if different from usual. Please specify:

____

Standing Preop orders ☐ Yes ☐ No

Additional Preop orders. Please specify:

____

4. Preadmission - This section will only be applicable once the Preadmission Clinic is in operation

Does the patient require:

- Preadmission work up ☐ ECG ☐ X-Rays ☐ Anaesthetic Review ☐ Stomal Therapist Review
- Bloods ☐ Yes ☐ No Provider: ☐ Mater ☐ Other

Please specify:

____

- Physiotherapy ☐ Yes ☐ No Provider: ☐ Active ☐ Boyd ☐ Spinal Rehab
- Medicine Review ☐ Yes ☐ No

Binding Margin - Do Not Write