



Office use only

Pre-admission Number: _____

UR Number: _____

Booking arranged with Day Infusion Centre, 2 South, Catheter laboratory, Medical Imaging or medical bookings

Admission / Booking Request

Doctor to complete and forward to Cabrini when decision for hospitalisation is made

Admitting Doctor: _____

Admission date:

DD MM YYYY

Admission time:

00:00

Procedure date:

DD MM YYYY

Expected length of stay

_____ days

Extended day case (Discharge from ward before midnight)

Day case

Discussed that a carer organised to pick up and stay with patient overnight at home

Anaesthetist: _____

Reason for admission, planned procedure(s): Specify and include item numbers or N/A: _____

Non-rebatable costs – list hospital costs:

Prosthesis, consumables or procedures for which the patient will incur out-of-pocket expenses.

Relevant medications and plan discussed with patient

SGLT2 inhibitors i.e. (Dapagliflozin, Empagliflozin, Ertugliflozin, Sitagliptin +Metformin)

Anticoagulants i.e. (Dabigatran, Apixban, Rivaroxaban, Clopidogrel, Warfin)

Doctors - please ensure consent is signed if required

No procedure planned

Medical admission

Cabrini Malvern

Cabrini Brighton

Cabrini Elsternwick

Cabrini Malvern

Procedure location

Main theatre

Main theatre - day case

Main theatre - hybrid

DPC theatre / endoscopy

Catheter laboratory

Day Procedure Centre (DPC)

Day Infusion Centre

Chemotherapy - initial

Infusion

Procedure

Overnight chemotherapy - initial

Medical Imaging

Cabrini Brighton

Procedure location

Theatre

Endoscopy

Sleep unit

Medical Imaging

Day Infusion Centre

Chemotherapy - initial

Infusion

Procedure

Close Observation Bed (COB)

Cabrini Prahran

Overnight

Home care

Title: _____ Surname: _____

Given names: _____

Maiden name: _____ Date of birth: _____

Male Female Other

Address: _____ Postcode: _____

Tel (Home): _____ Tel (Work): _____ Mobile: _____

Medicare card number: _____ Ref no: _____ Valid to: MM YYYY

Privately insured Fund name: _____ Membership number: _____

Veterans' Affairs File number: _____ Gold card White card Orange card

Self funded

Workcover Approved

Claim number: _____

TAC

Other third party: _____



FCH100900

ADMISSION / BOOKING REQUEST MR002A