

Pre Admission Booklet

THE SAN DAY SURGERY HORNSBY

Thank you for choosing The San Day Surgery Hornsby for your care.

Please carefully read this booklet and retain for your information.

PLEASE COMPLETE THESE FORMS

- Hospital Booking Letter (1 page double sided) (completed with your doctor)
- Consent to Medical/Surgical Treatment (1 page single sided) (completed with your doctor)
- Admission Form (1 page double sided)
- Patient History (1 page double sided)

Please print clearly on all forms.

CONTENTS

WELCOME	2
OUR GOAL	2
CENTRE OF EXCELLENCE	2
MORE ABOUT FORMS	3
PREPARING FOR YOUR PROCEDURE	3
THE DAY OF YOUR SURGERY	4
AFTER YOUR PROCEDURE	4
PAEDIATRICS	5
OVERNIGHT PATIENTS	5
FINANCIAL INFORMATION	6
OUR ASSOCIATION WITH SYDNEY ADVENTIST HOSPITAL	6
WELLNESS AND COMMUNITY SERVICES	6
PATIENT RIGHTS	15
PATIENT RESPONSIBILITIES	16
HOW TO PROVIDE COMPLIMENTS OR COMPLAINTS	17
PERSONAL INFORMATION AND PRIVACY FOR PATIENTS	18
TEACHING HOSPITAL	19
OFFICE HOURS	BACK PAGE
GETTING TO SDSH	BACK PAGE

THE SAN DAY SURGERY HORNSBY

1a Northcote Road
Hornsby, NSW 2077

General enquiries: (02) 9476 2900
Patient Admission Fax: (02) 9476 2921
Website: www.sandaysurgery.com.au

WELCOME TO SAN DAY SURGERY HORNSBY

Welcome to the San Day Surgery Hornsby, a division of Sydney Adventist Hospital. Thank you for choosing us for your surgical needs. We are committed to providing the highest standard of health care in an environment designed to help you feel at ease. The information contained in this booklet will ensure that your stay with us proceeds as smoothly as possible.

The San Day Surgery Hornsby opened in 1986 and was the first private, freestanding and licensed Day Surgery in New South Wales. We believe that day surgery is the most cost effective and efficient way of performing many investigative and surgical procedures. The advent of less invasive surgery, as well as advances in anaesthetics and modern technology, has contributed to the increase in procedures performed on a day-only basis.

OUR GOAL

At the San Day Surgery Hornsby we are committed to helping promote your health and recovery by the best available means. Our philosophy seeks to affirm the uniqueness of the individual by looking at the integrated physical, mental, spiritual and social dimensions of each person.

OUR QUALITY STATEMENT

CENTRE OF EXCELLENCE

The San Day Surgery Hornsby boasts a team of skilled medical professionals dedicated to providing the highest standard of care and a positive outcome for patients. Our facility has two fully equipped theatres with the latest technology, as well as a procedure room for minor surgical procedures.

Our facility offers surgical services for both children and adults and we were the first day surgery in Australia to be granted an Extended Recovery Care License by the NSW Department of Health (DOH). This means that patients who have undergone more advanced surgery can stay overnight for post-operative care.

The San Day Surgery Hornsby is fully accredited by the BSI Benchmark Certification's Health Division



SYDNEY
ADVENTIST
HOSPITAL

Our Mission is:

CHRISTIANITY IN ACTION

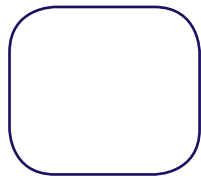
Caring for the body, mind and spirit of our patients, colleagues, community and ourselves.

We will remain our community's favourite private hospital.

BEFORE COMING TO HOSPITAL

We ask that you read the following information carefully and comply with all requests:

- Please ensure the Consent/Referral and Patient History forms are completed and forwarded to us by hand, post or fax at **least 3 working days prior to admission**. If faxed, please bring the originals with you on the day.
- If your admission has been arranged at short notice, contact us to provide admission details. Bring the completed forms with you on the day of surgery.
- **Our staff will contact you** between 3pm and 6pm on the working day prior to surgery to provide your admission details.



MORE ABOUT YOUR FORMS

To assist with the completion of your forms, please find below a list of definitions of terms.

DEFINITIONS

- An **enduring guardian** can make personal decisions on your behalf, such as where you should live, medical treatment and services you should receive.
- A **power of attorney** can make financial decisions on your behalf, for example disposing of assets or operating your bank account.
- An **Advance Care Directive** refers to written instructions that relate to the provision of health care when a person is unable to make their wishes known. It is sometimes called a 'living will'.

Please send a copy of your Advance Care Directive with your forms if you have one.

PREPARING FOR YOUR PROCEDURE

FASTING

- You should not eat for at least 6 hours prior to your admission, unless your doctor has indicated otherwise. Sips of water are permitted up to 2 hours before your admission.
- You may clean your teeth.
- If you are having assisted local anaesthetic e.g. Cataract Surgery, you will also need to fast as outlined above.
- Fasting requirements do not apply if you are having local anaesthetic. You may have an early, light meal.

MEDICATION

You should continue to take regular medication with a minimal amount of water unless otherwise instructed by your Doctor.

ADDITIONAL INFORMATION

- If you have acquired any illness (including colds or chest infections) since consulting with your surgeon, please notify your surgeon prior to your admission.
- You should cease smoking as soon as possible and at least 24 hours prior to your surgery. Smoking can adversely affect your anaesthetic and increases the likelihood of complications.
- Please shower before coming to the San Day Surgery Hornsby and wear loose, simple clothing, which can be changed easily. You should not wear makeup, nail polish, contact lenses or jewellery, although wedding rings are permitted.
- If you require the service of an interpreter, please inform us at least 48 hours prior to surgery.



THE DAY OF YOUR SURGERY

Please arrive on time for your appointment so that we can prepare for your surgery. If you are delayed it is important that you contact us as soon as possible.

Wear loose, comfortable clothing and low-heeled shoes.

WHAT TO BRING

- Your original, signed Consent form (if faxed)
- Your completed Admission/Patient History form (if faxed)
- X-Rays or results of tests relevant to your condition
- Medications you would normally take during the day
- Reading material
- Medicare and Health Fund details (book or card)

OPERATION TIMES

Although we make every effort to keep to scheduled times, please be aware that occasionally unforeseen circumstances can cause changes in surgery times.

PROCEDURE

On arrival, please present at the reception desk where our helpful clerical staff will finalise your details. You will then be taken to the admission area according to the order of the theatre list for the day. A nurse will provide you with a gown to change into and prepare you for surgery. An anaesthetist will also visit you if this is applicable to your procedure.

Your anaesthetist may require you to have some pre-operative medication before you are taken to theatre. This will help you feel more relaxed.

AFTER YOUR PROCEDURE

Operative procedures often involve the use of intravenous fluids and other equipment to monitor your progress. These may still be in place following surgery.

Your progress will be checked regularly by staff who will assist you in making your recovery as comfortable as possible. If you are uncomfortable, in pain or have any problems, don't hesitate to inform the nursing staff.

Light refreshments will be provided as appropriate to your surgery.

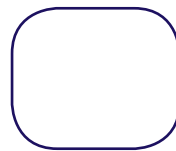
VALUABLES

Please do not bring excessive cash and/or valuables with you. While all care of valuables is taken, the San Day Surgery Hornsby does not accept liability for lost or damaged personal items or valuables.

ALCOHOL & SMOKING

Alcohol should not be consumed prior to surgery as it may interact with some medications. Patients are not permitted to bring alcoholic beverages to the Day Surgery.

The San Day Surgery Hornsby is a non-smoking environment. We ask that you and your visitors respect the health of others and refrain from smoking within our grounds.



AFTER DISCHARGE

GOING HOME

If you are undergoing a procedure that requires general anaesthetic or sedation, you will need someone to drive you home from the San Day Surgery Hornsby and stay with you for 24 hours following the procedure.

POST OPERATIVE CARE

For the first 24 hours following a general anaesthetic or sedation it is important that you:

- Do not drive a car
- Do not drink alcohol
- Do not remain on your own (unless approved by your specialist)
- Do not make complex or legal decisions

Your surgeon may request a follow-up appointment with you. Please contact their rooms 24 to 48 hours after your procedure to arrange this.

If you have concerns and are unable to contact your doctor, telephone our facility on 02 9476 2900. After hours, contact Sydney Adventist Hospital's Emergency Care on 02 9487 9000 OR Hornsby Ku-Ring-Gai Hospital Emergency Department on 02 9477 9123.

PAEDIATRICS

The San Day Surgery Hornsby is experienced at undertaking Paediatric surgery. We understand that having surgery can be stressful for both parents and children and our aim is to make you feel at ease as much as possible.

CONSENT

- Your consent is required before any treatment for your child can commence. Your written consent needs to be specific and consent forms should only be signed if you feel suitably informed.

By having your child admitted to our facility you have implied general consent for treatment.

- You may withdraw your consent and refuse further treatment for your child at any time.

A special paediatric orientation is available for children undergoing surgery, to help them prepare for theatre. An appointment can be made on the day of booking.

PRE-OPERATIVELY

- Fasting - children must not eat for 6 hours before their scheduled time of surgery, or as specifically ordered by the surgeon. Sips of water are allowed up to 2 hours before surgery.
- Wherever practical and with the anaesthetist's approval, parents or guardians are permitted to remain with their child until induction of anaesthesia in the operating room. Post operatively, you can be present as soon as your child's conscious condition permits.
- If desired, the child may come in their own pyjamas, dressing gown or comfortable clothes on surgery day. It is advisable to bring a spare set of clothes, including underwear.
- Please also bring any additional items for your child - eg. bottle, dummy, nappies, favourite toy or book.

POST-OPERATIVELY

Refreshments will be offered, as appropriate, following your child's surgery.

LOCAL ANAESTHETIC

Please refer to page 3 regarding completion of the necessary paperwork prior to your admission.

Fasting requirements do not apply if you are having a local anaesthetic. If you are on medication, you should continue to take it with minimal water unless otherwise instructed by your doctor.

You should not wear makeup if you are having surgery to the facial area. Jewellery other than wedding rings should not be worn.

If you require the services of an interpreter, please inform us at least 2 working days prior to admission.

For information on Payments and Health Insurance Funds: See page 6

On the day of surgery, please bring with you:

- Any relevant letters from your doctor
- Original & completed Consent/Referral form, if not already forwarded by your surgeon
- Any original paperwork that has not already been forwarded to us
- Payment if required

OVERNIGHT PATIENTS

If your surgeon deems it necessary for you to stay overnight following your procedure, you are required to bring night attire including dressing gown, slippers, toiletries and any medication usually taken, along with a written schedule from your GP of when it should be taken.

You may have visitors at any time during the afternoon or evening, at the discretion of staff.

Meals are provided for those staying overnight. If you have any special dietary needs, please contact us prior to your admission.



FINANCIAL INFORMATION

SETTLING YOUR ACCOUNT

Your San Day Surgery Hornsby account will include charges for accommodation, theatre fees, surgical supplies and prosthesis, if applicable.

Payment is due at the time of admission. Cash, credit card, cheque or Eftpos are accepted. All cheques should be made payable to:

The San Day Surgery Hornsby
1A Northcote Road
Hornsby 2077

Accounts for your Surgeon and Anaesthetist should be settled with the respective Doctor, not the Day Surgery.

If you have Private Health Insurance we will submit a benefits claim form on your behalf using the health fund details on your admission form. The gap between the hospital costs and the fund's cover is to be paid at the time of admission. The benefits available under private health insurance vary considerably from one fund to another.

Please check with your health fund prior to surgery, the level of cover you can expect and if you are excluded from receiving any benefits.

Provided your admission forms have been received by the Day Surgery prior to your admission you will be advised of any excess payable.

This estimate is a guide only and may vary depending on the treatment you actually receive.

Uninsured patients are required to pay an estimate of the total account at the time of admission and any balance on discharge.

Workers Compensation patients, whose claims have been accepted by the Insurance Company, should contact their surgeon to confirm that their account will be covered on the day. If approval has not been received by the day of surgery the patient will be required to pay the full amount on the day.

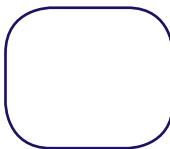
Gold Card Veterans Affairs patients do not require approval prior to admission. Prior approval for patients with a white card should be organised through your surgeon.



OUR ASSOCIATION WITH SYDNEY ADVENTIST HOSPITAL

The San Day Surgery Hornsby is a division of Sydney Adventist Hospital known as 'the San,' at Wahroonga. We are proud of our association with the San - the largest and most comprehensive single campus private Hospital in New South Wales. Sydney Adventist Hospital is a modern, acute care facility with all diagnostic, surgical and therapeutic services conveniently located on-site.

Since its establishment in 1903, Sydney Adventist Hospital has been a not-for-profit institution. This means all profits made by the Hospital go back into the Hospital, ensuring we can continue to provide the best equipment and care.



WELLNESS AND COMMUNITY SERVICES

Today there is a growing awareness of the importance of health. The underlying philosophy of Sydney Adventist Hospital has always been based on the importance of disease prevention and promoting wellness through a balanced approach to health and lifestyle. Hospitals care for people with a health problem, but when possible, prevention is better than cure. The San is dedicated to your care during times of illness and good health. We offer a number of wellness services which include: the San Centre for Health, San Nutrition, San Physiotherapy and Hydrotherapy and regular free public forums. For further information please contact Sydney Adventist Hospital's Marketing & PR department on 02 9487 9871 or comrel@sah.org.au.

HOSPITAL BOOKING LETTER

MRN ACN.....

Surname

Given Names

D.O.B

AMO Name please print

Doctor to complete this form

Patient Details	Title	Surname	Given Name (s)
Date of birth	Unit / Street No./ Street Address		Home Ph
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Suburb	P/Code	Mobile Ph
Clinical Details	Provisional Diagnosis		
Diabetes	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 2 on insulin		Diabetic instructions (if applicable)
* VTE Prophylaxis	Chemical <input type="checkbox"/> Yes <input type="checkbox"/> No Mechanical <input type="checkbox"/> Stockings <input type="checkbox"/> SCD <input type="checkbox"/> No If No, state reason.....		Co-morbidites (leave blank if 'No')
Confirmed MRO	(MRSA, VRE, ESBL, MRAb) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Latex allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Weight	NB patients > 140kg cannot be admitted: <input type="checkbox"/> < 110 kg <input type="checkbox"/> 110-140 kg <input type="checkbox"/> Weight > 140kg		
Other allergies	Other known infectious risk		
Admission Details	Admission date <input type="checkbox"/> Overnight expected # 2 0 Overnight booking confirmed 2 0		<input type="checkbox"/> GA <input type="checkbox"/> ALA <input type="checkbox"/> LA <input type="checkbox"/> Topical
Pre-admission by:		<input type="checkbox"/> SDSH PAC <input type="checkbox"/> AMO <input type="checkbox"/> diagnostic results following	
Procedure Details	Operation /Procedure Date 2 0		CMBS Item No.(s)
Planned Procedure(s)			
Equipment Details	Implantable device <input type="checkbox"/> Implanting Device <input type="checkbox"/> Removing device	Type Company <input type="checkbox"/> Contacted	Type Company <input type="checkbox"/> Contacted
Will the prosthesis used attract a gap payment? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, gap estimate \$.....		Has informed financial consent been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient Signature
Pre-operative consultation		Other instruction notes	
Anaesthetist			
Pre-operative tests	Please organise the following tests <input type="checkbox"/> ECG <input type="checkbox"/> Other		
Required test (s)			
Could this patient be pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Specific medication orders at admission (see over)	
<input type="checkbox"/> Consent to Medical / Surgical Treatment completed			
AMO Signature		Date/...../.....	

PERF & PUNCH POSITIONING AS PER PREVIOUS BOOKLETS

Doctor / Secretary only:
FOR ALL ADMISSIONS
Please fax this side to 94762921

Doctor / Secretary only:
Please fax this & copy of consent form
Photocopy for your records and hand
originals to patient



HOSPITAL BOOKING LETTER

MR 1ABS

MRN	ACN
Surname	Given Names
Admission Date	Admitting Doctor
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

CONSENT TO MEDICAL OR SURGICAL TREATMENT

I, Dr have discussed with D.O.B/...../..... the need for him / her to have the following medical treatment and/or procedure

We have discussed what alternatives are available; the nature and risks of this medical treatment and/or procedure; the risk that it may not give the expected result, and the possibility of altered or additional procedures being required. We have also discussed the fact that the medical treatment and/or procedure may involve anaesthetics, medications and/or blood transfusions, blood products and that these also carry risks. On the basis of this understanding, we agree that I perform, and he/she consent to, this medical treatment and/or procedure.

Doctor (Name) Date...../...../.....
(Signature)
Patient (Name) Date...../...../.....
(Signature)

OR CONSENT BY PERSON RESPONSIBLE TO MEDICAL OR SURGICAL TREATMENT

I, Dr have discussed with the person responsible for D.O.B/...../..... the need for the latter to have the following medical treatment and/or procedure

We have discussed what alternatives are available; the nature and risks of this medical treatment and/or procedure; the risk that it may not give the expected result, and the possibility of altered or additional procedures being required. We have also discussed the fact that the medical treatment and/or procedure may involve anaesthetics, medications and/or blood transfusions, blood products and that these also carry risks. On the basis of this understanding, we agree that I perform, and he/she consent to, this medical treatment and/or procedure.

Doctor (Name) Date...../...../.....
(Signature)
Person Responsible..... (Name) Date...../...../.....
(Signature)

PERF & PUNCH POSITIONING AS PER PREVIOUS BOOKLETS

Please fax copy to SDSH 94762921

CONSENT TO MEDICAL OR SURGICAL TREATMENT

MR 1CS



ENTITLEMENTS
Medicare / Safety Net / Veterans' Affairs

Medicare Card	Card No	Medicare ID No	Left of name	Expiry
Other Card Type	<input type="checkbox"/> Pensioner Card <input type="checkbox"/> Health Care Card <input type="checkbox"/> C'wealth Senior Card	Expiry		
Safety Net Card	<input type="checkbox"/> Safety Net Entitlement <input type="checkbox"/> Safety Net Concession			

If you have a current Prescription Record Form, please bring this with you to the hospital as you may be eligible for benefits under the Medicare Safety Net Scheme.

If you do not intend to claim your hospitalisation costs through the DVA please complete Medicare Entitlement Section above

Veterans' Affairs	<input type="checkbox"/> Gold <input type="checkbox"/> Orange* <input type="checkbox"/> White	DVA No	Expiry	* (Pharmaceutical benefits only)
--------------------------	---	--------	--------	----------------------------------

White cardholders only: Your doctor must obtain approval from the Department of Veterans' Affairs prior to day of admission

WORKERS' COMPENSATION / PUBLIC LIABILITY / THIRD PARTY PATIENTS ONLY

Date of accident	Name of Insurer at time of accident	Insurer's Claim No.
Insurer's address	P/code	Insurer's fax no. / Phone No.
WCC Cases only	Name of employer	Contact person / Phone no.

PERSON RESPONSIBLE FOR PAYMENT (if other than patient)	Name
Postal address for account (if different to above)	Home Ph
Suburb	P/Code / Work Ph / Mobile

POWER OF ATTORNEY / ENDURING GUARDIAN / ADVANCE CARE DIRECTIVE <i>(a copy of these is required if applicable)</i>	Do you have an Advance Care Directive? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Enduring Guardian (if one appointed)	Phone No.
Name of Power of Attorney (if one appointed)	Phone No.

CONSENT TO USE PERSONAL INFORMATION	I understand that if I have any concerns about privacy, I may raise them when I come to the hospital for admission. I have read the section on the San Day Surgery Hornsby Personal Information & Privacy for Patients and understand my right to privacy and how my personal information will be used at the Hospital. I understand that my contact details may be given to the Sydney Adventist Hospital Foundation. I give consent to the use of my personal information as described in this Pre-Admission booklet. I understand that I may withdraw my consent at any time.
Signature	Print Name Date

ACKNOWLEDGEMENT OF RIGHTS & RESPONSIBILITIES	I have read and understand the section entitled <i>Patients' Rights and Responsibilities</i> in this Pre-Admission booklet and will discuss any queries with staff.
Signature	Print Name Date

CONFIRMATION OF COMPLETENESS OF FORM	I certify the information on this form to be true & complete to the best of my knowledge.
Signature	Print Name Date

Recent hospital admission	Hospital admission in the last 6 months (including SDSH) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which hospital?	Reason	
		From	If SDSH, planned admission <input type="checkbox"/> Yes <input type="checkbox"/> No	
		to		



PATIENT HISTORY FORM

Surname		MRN	ACN
Date of birth		Given Names	
Sydney contact phone no.		Phone No.	
Admission Date		Admitting Doctor	

PATIENT HISTORY (please circle the appropriate answer or tick the appropriate box)			
	Planned procedure		Is this admission the result of a past injury? <i>Specify cause & place</i>
		Y N	Y N
Endo.	Diabetes	Y N	Low blood sugar
	Controlled by: <input type="checkbox"/> diet <input type="checkbox"/> tablet <input type="checkbox"/> injection		Thyroid problems
			Y N
Resp.	Bronchitis / asthma / emphysema etc <i>Specify</i>	Y N	Recent cold
	Do you use: <input type="checkbox"/> nebulisers <input type="checkbox"/> puffers <input type="checkbox"/> home oxygen		Other lung problems <i>Specify</i>
			Y N
Cardiovascular	High blood pressure	Y N	Chest pain / angina
	Previous deep vein thrombosis / pulmonary embolism / varicose veins <i>Specify</i>	Y N	Palpitations / heart murmur / irregular heart beat / AF <i>Specify</i>
	Artificial implants / devices / grafts	Y N	<i>Specify</i>
	Coronary artery bypass	Y N	
	Coronary / vascular stent	Y N	
Artificial heart valve	Y N		
	Pacemaker	Y N	
GIT	Gastric ulcer / reflux / hiatus hernia	Y N	Hepatitis
	Jaundice	Y N	Stoma
			Y N
MS	Arthritis	Y N	Hip / knee replacements <i>Specify</i>
	Back / neck injury or problems <i>Specify</i>	Y N	Other implants / devices <i>Specify</i>
			Y N
Neurology	Fits / faints / funny turns / epilepsy	Y N	Speech / swallowing problems
	Stroke / mini stroke / TIA <i>If yes, any residual weakness, please specify</i>	Y N	Limb paralysis <input type="checkbox"/> right arm <input type="checkbox"/> left arm <input type="checkbox"/> right leg <input type="checkbox"/> left leg
	Previous falls / unsteady on feet	Y N	Polio / meningitis <i>Specify</i>
	Short term memory loss / dementia <i>Specify</i>	Y N	NB: you may be asked to provide a family member or carer to be in attendance during your stay
GIT	Kidney trouble / dialysis / renal impairment	Y N	Bladder problems
	Stomas <i>Specify</i>	Y N	<input type="checkbox"/> urinary incontinence <input type="checkbox"/> frequency <input type="checkbox"/> urgency <input type="checkbox"/> pain
			Y N
General health	Have you ever smoked?	Y N	<i>If yes, daily amount</i> <input type="text"/> <i>Date ceased</i> <input type="text"/>
	Do you presently smoke?	Y N	<i>If yes,</i> <input type="text"/> <i>per day</i>
	Do you drink alcohol?	Y N	<input type="text"/> <i>standard drinks per day</i>
	Past history of drug dependency	Y N	<i>Specify</i>
	Disturbed sleep pattern / sleep apnoea	Y N	<input type="checkbox"/> CPAP used
	Could you be pregnant?	Y N	
	Do you have chronic pain?	Y N	<i>Specify</i>
Previous Surgery	eg. Coronary artery bypass, brain, liver or pancreatic surgery, hip replacements,	Y N	<i>Specify</i>
	Problems with anaesthetic (self or family) eg. Malignant hyperthermia	Y N	<i>If Yes,</i> <input type="checkbox"/> self <input type="checkbox"/> family <i>Specify</i>
	Cancer Date: / / Site:	Y N	Treatment <input type="checkbox"/> surgery <input type="checkbox"/> chemotherapy <input type="checkbox"/> radiotherapy
	Transplants	Y N	<i>Specify</i>
Other	Do you have Creutzfeldt-Jakob Disease (CJD)?		<i>Specify</i>
	Have you had Human Pituitary Growth Hormone prior to 1985?		<i>Specify</i>
	Have you had neurosurgery prior to 1985?		<i>Specify</i>



MRN

Surname

Given Names

DOB

PATIENT HISTORY FORM (continued)

Height & weight details		Height <input type="text"/> cm	Weight <input type="text"/> kg
Dietary Requirements		Do you have a special diet? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify)	
Prosthetics / Aids / Other			
Visual aids	Y N	<input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Eye prosthesis	
Hearing aids	Y N	<input type="checkbox"/> Left <input type="checkbox"/> Right	
Walking aids	Y N	Specify	
Allergies & Sensitivities		<i>Please document any known allergies or sensitivities eg. medications, latex plants, tape</i>	
Allergies	Sensitivities	Reaction	
Food allergy			
Your current Medications		<i>Please include tablets, capsules, puffers, nebulisers, patches, insulin, eye drops. Consult your GP or surgeon if you are unsure of any details about your medications or which medications should be ceased prior to your surgery. Bring to the hospital all current medication you are taking, in their original individual packaging (ie. not in Webster or Doset packs)</i>	
Prescription Medication	Strength	Dose & Frequency	Purpose
Geranin	100mgs	one tablet twice a day	
<i>If you are taking any non-prescription medication eg. Complementary therapies, natural therapies, herbal preparations or vitamins, please specify NB: All complementary medicine should be ceased 10 days prior to admission (unless otherwise instructed by your doctor)</i>			
Non- Prescription Medication	Strength	Dose & Frequency	Purpose
Discharge Planning & community support		Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, with whom?	
		Who is your main carer?	
		Do you receive community services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Nurses <input type="checkbox"/> Home Care <input type="checkbox"/> Meal on Wheels	
Going home			
Who will be taking you home and be with you for 24 hours?			
Name		Relationship	
Best contact phone no		Or mobile no.	
SIGNATURE PATIENT / CARER		Form completed by:	
I have carefully read all the above and I certify that the information I have given is correct and true to the best of my ability.		Patient/Sign.	
Signature		Carer/Sign.	
Date/...../.....			

PATIENT RIGHTS

PATIENT RIGHTS	WHAT THIS MEANS
<p>Access to Care I have a right to access health care.</p>	<p>I will receive treatment appropriate to my health needs. I can request a doctor of my choice, and request a second opinion.</p>
<p>Safety I have a right to receive safe and high quality care.</p>	<p>I will receive safe and high quality health services provided by professional, caring and competent staff.</p>
<p>Respect I have a right to be shown respect, dignity and consideration.</p>	<p>I will be provided with care that shows respect to me and my culture, beliefs, values and personal characteristics.</p>
<p>Communication I have a right to be informed about services, treatment, options and costs in a clear and open way.</p>	<p>I will receive open, timely and appropriate communication about my health care in a way I can understand. I will be asked to consent to all treatment except when circumstances prevent this. I have the right to refuse recommended treatments, refuse experimental treatment, choose which treatments I wish to take, and withdraw consent to treatment at any time.</p>
<p>Participation I have a right to be included in decisions and choices about my care.</p>	<p>I may join in making decisions and choices about my care and treatment plan.</p>
<p>Privacy I have a right to privacy and confidentiality of my personal information.</p>	<p>My personal privacy will be maintained and proper handling of my personal health and other information is assured. I have the right to access information contained in my medical record. While in the centre – contact the Nursing Unit Manager. After discharge – contact the San Day Surgery Manager.</p>
<p>Comment I have a right to comment on my care and to have my concerns addressed.</p>	<p>I can make positive and negative comments about my care, and have my concerns dealt with properly and promptly.</p>
<p>Parental Rights I can exercise my rights as a parent or guardian of a child.</p>	<p>I can choose to stay with my child at all times except when the provision of health care precludes this. I can make decisions regarding consent to treatment of my child if they are under 14 years of age. From the age of 14, children may seek treatment and provide consent or make decisions jointly with their parents or guardian.</p>

PATIENT RESPONSIBILITIES

PATIENT RESPONSIBILITIES

WHAT THIS MEANS

Safety

Tell us of your safety concerns.

You should let staff know if you think something has been missed in your care or that an error might have occurred.

You should explain any circumstances that may make your health care riskier or any other safety concerns that you have.

Respect

Consider the well-being and rights of others.

You should always respect the well-being and rights of other patients, consumers and staff by conducting yourself in an appropriate way. This includes respecting the privacy and confidentiality of others.

Patients and their visitors are requested to be respectful to all health care professionals who care for them. Verbal and physical abuse will not be tolerated.

You should respect hospital property, policies, regulations and the property of other persons.

Communication

Provide information regarding your medical history and ask questions.

Be as open and honest with staff as you can, including giving comprehensive & accurate details of your medical history, past surgeries and all medications you may be taking.

Ask questions of staff if you would like more information about any aspect of your care.

Participation

Follow your treatment, cooperate and participate where able.

Where possible you should take an active role in your health care and participate as fully as you wish in the decisions about your care and treatment. Your family can also be actively involved.

You should endeavour to follow your treatment, and inform your health provider when you are not complying with your treatment.

You should cooperate fully with the doctor and clinical team in all aspects of your treatment.

You must let staff know if there are changes to your condition or new symptoms.

You should keep appointments or let the health provider know when you are not able to attend.

Advanced Care Directive / Power of Attorney / Guardianship

Please inform your health professional if you have a current Advance Care Directive or Power of Attorney for any health or personal matters, or if you are subject to a guardianship order.

Pay Fees

You should promptly pay the fees of the hospital & your attending doctor.

Complaint / Feedback

You should direct any complaint to a staff member or the Manager so that immediate and appropriate action can be taken to remedy your concern.

HOW TO MAKE COMPLAINTS OR COMPLIMENTS ABOUT YOUR CARE

Compliments

We welcome your feedback. Feedback forms are available in reception or Discharge Lounge in the Day Surgery. The form can be mailed or faxed (See contact details below).

Complaints

You have a right to make comments or complain about your care. The centre welcomes feedback and will appoint an appropriate person to address your concerns.
You will not be adversely affected by making a complaint.

Who to contact regarding concerns

You should contact the Manager or person in charge for problems experienced while you are at the centre.
Should you want to speak with someone outside the centre you can also contact the Sydney Adventist Hospital Quality Management Department. (See contact details below).

Our contact details

Address

1.
The San Day Surgery Hornsby
1A Northcote Road
Hornsby NSW 2077

Phone (02) 9476 2900

Fax (02) 9476 2921

Email sandaysurgeryhornsby@sah.org.au

2.
Quality Management Department
Sydney Adventist Hospital
185 Fox Valley Road Wahroonga
NSW 2076

Phone (02) 9487 9744

Fax (02) 9473 8344

Email Alternatively you may email customer service via **customerfeedback@sah.org.au**

It is always best to try and resolve your complaint with your health service provider. If you have tried this and are still unsatisfied, you can make a complaint to the Health Care Complaints Commission.

www.hccc.nsw.gov.au

PERSONAL INFORMATION AND PRIVACY FOR PATIENTS

The San Day Surgery Hornsby (SDSH) recognises and respects every patient's right to privacy. We will collect and use the minimum amount of personal information needed for us to ensure that you receive a high level of health care. SDSH will always endeavour to manage your information to protect your privacy.

Personal information we usually hold:

- Your name, address, telephone and email contact details
- Health fund details
- Date and country of birth
- Next of kin
- Occupation
- Health information
- The name and contact details of your General practitioner and your referring doctor
- Returned Service information
- Religious beliefs or affiliations (if provided)
- Marital status
- Transaction details associated with our services
- Indigenous status and language spoken at home (for the Department of Health)

What we do with personal information:

1. We will collect it discreetly.
2. We will store it securely.
3. Subject to what we say in this section, we will only provide your personal information to people involved in your care.
4. We will provide relevant information to your health fund, or the Department of Veterans' Affairs, Medicare Australia, Cancer Council, NSW Department of Health or to other entities when we are required by law to do so.
5. After removing details that could identify you, we may use the remaining information to assist with research and

service improvement projects. We are also required to provide this kind of information to government agencies.

6. As SDSH is a division of Sydney Adventist Hospital Limited which is a teaching hospital, we may use personal information in the training and education of medical, nursing and other allied health students.

7. We will destroy our record of your information when it has become too old to be useful or when we are no longer required by law to retain it.

8. We may use the information to contact you. By providing your email address, we assume permission to use this address for administrative communications (for example, receipts) regarding your hospital visit.

9. We may share your contact details with the Sydney Adventist Hospital (SAH) Foundation. The SAH Foundation provides patients with information, newsletters and details about fundraising appeals. The SAH Foundation may use this information to contact you.

SAH NEWSLETTERS AND OTHER MAILED INFORMATION

In the future, SDSH, SAH and/or the SAH Foundation may send you information about our programs, services and activities in the form of newsletters and details about fundraising activities. If you do not wish to receive this information please advise the SDSH Manager in person or by calling (02) 9476 2900. Alternatively you may notify the SAH Privacy Officer on (02) 9487 9220 or via privacy@sah.org.au. The relevant mail outs will cease as soon as possible after your notification.

Your rights

1. You may give consent for us to use your personal information to provide you with health care services, or you may withdraw your consent at any time. If you withdraw consent for SDSH to use your personal information, this may reduce our ability to provide you with services.

2. You may ask us to limit access to your information. You may separately:

- a) refuse to be seen by a chaplain or representative of your faith while in hospital
- b) Refuse to have your Discharge Summary sent to your General Practitioner or

c) Refuse to receive information about future SDSH or SAH events, services and fundraising appeals by signing the 'Use of Personal Information' form available from SDSH reception.

If you have a specific requirement for restricting access by someone to your information, please inform us of this as soon as possible.

3. You may ask us to give you (or another individual) access to your personal information. In most cases we will allow you to have access to your personal information. We may also provide a person to assist you and we may charge a fee for providing printed copies of reports. We may not provide you (or your responsible person) with access to your personal information if a doctor feels that it may be harmful to do so.

4. You may ask us to correct any error in your personal information.

5. You may make a privacy-related complaint if you feel that the Hospital has not kept your information confidential or has not maintained your privacy, by telephoning the SDSH Manager on (02) 9476 2900 or the SAH Privacy Officer on (02) 9487 9220. While you are in the Hospital, please speak with the Manager who will address your concerns. Should you wish to write, please address correspondence to:

a) The Manager
The San Day Surgery Hornsby
1a Northcote Rd
Hornsby NSW 2077

or

b) The Privacy Officer
Sydney Adventist Hospital
185 Fox Valley Rd
Wahroonga NSW 2076

Alternatively you may send an email to:

privacy@sah.org.au

You may contact the Privacy Commissioner if you are not satisfied that the Hospital has resolved your complaint.

TEACHING HOSPITAL

Please note that Sydney Adventist Hospital is a teaching hospital providing clinical education and placements for medical, nursing and other allied health trainees – which may involve education and placement at SDSH. Participation of trainees may include observation and involvement in your care while under appropriate supervision. You are free to refuse to allow a trainee to participate in your care at any time. Your refusal will not adversely affect the treatment you receive.



GETTING TO SAN DAY SURGERY HORNSBY

- Trains - The San Day Surgery Hornsby is located 2km from Hornsby Railway Station at 1a Northcote Road.
- Bus - A bus service runs regularly from Hornsby Railway Station to Palmerston Road, Hornsby.
- Car - Parking is available on site or on Northcote Road.

OFFICE HOURS

MONDAY - FRIDAY 8AM – 5PM

SAN DAY SURGERY HORNSBY
1a Northcote Road Hornsby NSW 2077
General enquiries: (02) 9476 2900 Admission Fax: (02) 9476 2921
sandaysurgeryhornsby@sah.org.au
Website: www.sandaysurgery.com.au