

PRINT NAME: _____ D.O.B. / /

YOUR CURRENT MEDICATION LIST

Prescription Drugs
Please include all tablets, capsules, puffers, nebulisers, patches, diabetes medication, steroids, aspirin, blood thinners or eye drops.
Please **consult your GP or Surgeon** if you are unsure of any details about your prescribed medications or which medications should be ceased prior to your surgery.

Medication	Strength	Route	Dose	Frequency

Non-prescription Medication
If you are taking any non-prescription medication e.g. complementary therapies, natural therapies, herbal preparations or vitamins, please specify:

Name	Strength	Route	Dose	Frequency

DIETARY REQUIREMENTS

Do you require a special diet? Yes No
Please specify: _____

FAMILY SUPPORT

Do you live alone? Yes No
If not, with whom? _____
Who is your main carer? _____

COMMUNITY SUPPORT

Were you receiving community support prior to admission? Yes No
Please specify what type of support and how often:
Community Nursing _____ Meals-on-Wheels _____ Home Care _____
Community Aid _____ Other _____

DISCHARGE ARRANGMENTS

Who is to escort you home?
Name _____ Relationship _____ Phone _____
Who will be caring for you in the first 24hrs following surgery?
Name _____ Relationship _____ Phone _____

I have carefully read all the details in this document and I certify that all the information I have given on the Admission and Medical History forms is correct and true to the best of my ability. I have read the **Patients Rights** and **Responsibilities** and **Privacy** information in the patient booklet or on display in the Day Surgery.

Patient/Guardian Signature: _____ Date: _____



1a Northcote Road,
HORNSBY, NSW 2077

Telephone: 02 9476 2900

Fax: 02 9476 2921

info@hornsbydaysurgery.com.au

ADMISSION/PATIENT HISTORY

To facilitate a smooth admission, please note the following

IMPORTANT

Complete the following forms and forward to the **San Day Surgery Hornsby** at least **3 WORKING DAYS** prior to your admission.

Admission & Patient History (this form)
Consent and Doctor's Referral (1 double-sided form)

• Your **OPTIONS** for forwarding the above forms are:

If your admission date is more than 5 working days away **mail** to the San Day Surgery Hornsby, 1A Northcote Road, Hornsby, NSW 2077

OR

If your admission date is within 3 working days, **fax** to (02) 9476 2921

Please ensure that your name is clearly printed on each page of the form and **bring the original form with you on the day of surgery**

OR

Hand Deliver to the San day Surgery Hornsby, reception

• The San Day Surgery staff will contact you between 4pm - 6pm, the working day prior to your surgery. At that time we will inform you of your admission time, fasting instructions and any expenses you may incur.

Note: Although we attempt to keep to scheduled times, please be aware that occasionally unforeseen circumstances can cause delays in surgery times.

