

<b>FOR MEDICAL RECORD USE ONLY</b> -MEDICAL RECORD COPY -	SURNAME: _____ MRN: _____ OTHER NAMES: _____ AMO: _____ DOB: _____ SEX: _____ AFFIX PATIENT ID LABEL HERE
<b>South Eastern Sydney Illawarra Area Health Service</b>	
<b>DIRECT ADMISSION FORM</b>	

**Please complete all fields**  
Once form has been completed please fax to:  
**x32676 – Bed Management**

Form Completed By: \_\_\_\_\_ Ward: **4S** Phone: **x33458/x33446**

**PATIENT DETAILS**

MRN:	Surname:	Given Name/s:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Country of Birth:
Address:		
Home Phone:	Work Phone:	Mobile:
Person to Contact:		Relationship:
Address of Person to Contact:		Contact phone number/s:
Compensable Status: <input type="checkbox"/> Medicare <input type="checkbox"/> Veteran's Affairs <input type="checkbox"/> Overseas <input type="checkbox"/> Workers Comp <input type="checkbox"/> Third Party		
Medicare Care Number: _____ / ____	DVA Card No.:	DVA Card Colour: <input type="checkbox"/> Gold <input type="checkbox"/> White <input type="checkbox"/> Orange
Health Fund Name:	Health Fund No.:	Type of cover: <input type="checkbox"/> Single <input type="checkbox"/> Shared <input type="checkbox"/> Basic
GP Name:	GP Address:	

**ADMISSION DETAILS**

Admission Date:	Admission Time:	Admit Ward: <b>4S</b>	Admit Bed: <b>4SM_OVPD01</b>
Admitting Medical Officer:		AMO Specialty: <b>Renal</b>	
Referring Doctor:		Referring Hospital: <b>St George Hospital</b>	
Intended LOS: <input checked="" type="checkbox"/> Day Only <input type="checkbox"/> Overnight		Financial Classification:	
Presenting Problem: <b>Peritoneal Dialysis patient with blocked PD Catheter</b>			

**OFFICE USE ONLY**

Date / Time received:	Date / Time entered:	Entered by:
Date / Time PLO notified:	PLO Name:	

**DIRECT ADMISSION FORM**