PLEASE COMPLETE AND RETURN TO THE HOSPITAL AS SOON AS POSSIBLE TO CONFIRM YOUR ADMISSION

EXPECTED DATE OF ADMISSION

The Bays Hospital Group Inc.

Vale Street
Mornington 3931
Phone 5975 2009
Fax 5975 2373

SHADED AREAS FOR HOSPITAL USE ONLY - PLEASE USE BLOCK LETTERS

MRN No

ADMISSION DATE

ADMISSION TIME (24 hour clock)

PATIENT REGISTRATION No

SURNAME

GIVEN NAMES

PREVIOUS SURNAME

SEX M F

MARITAL STATUS

ADDRESS No. and Street

Suburb Postcode

TELEPHONE Home No. Business Mobile

BIRTHDATE D D ● M M ● Y Y Y Y **AGE** **RELIGION:**

Country of Birth:

If Australia, **which** State:

Are you of Aboriginal or Torres Strait Islander descent?

HEALTH INSURANCE ☐ **WORKCOVER** ☐ **TAC** ☐ **DVA CARD - GOLD** ☐ **WHITE** ☐ **NO PRIVATE HEALTH INSURANCE** ☐

Health Fund/Insurance Co. Membership/DVA

Table / Level of Cover Family ☐ Single ☐ Excess ☐ Amount $

Card Ref. No. Medicare No. Valid to Please bring in on Admission

Health Care Card ☐ Safety Net ☐
DVA Pension Card ☐ Pharmaceutical Entitlement Card ☐ Number

Safety Net No. or Regular Pharmacist Pension Card Expiry Date

Ambulance Subscriber? Yes ☐ No ☐ Member No. (Note: Not all ambulance costs are covered under health insurance)

DO YOU REQUIRE A SPECIAL DIET? Yes ☐ No ☐ If yes please specify:

ADMITTING DOCTOR | GENERAL PRACTITIONER | WARD

NEXT OF KIN / FIRST CONTACT

Name

Address

Relationship

Phone No.: Home

Business/Mobile

SECOND CONTACT

Name

Address

Relationship

Phone No.: Home

Business/Mobile

Have you been a patient at this hospital before? Yes ☐ No ☐ → What Year?

PROVISIONAL DIAGNOSIS

Has the Patient been discharged from another Hospital within the last seven days? No ☐ Yes ☐ Name of Hospital Adm. Date:

ICD-10-AM CODES *(HIS Use Only)*

Coder | ARDRG

Staff Initial: Pre-booking Admission Episode Data Entry Record Compiled

PATIENT REGISTRATION

MR/001