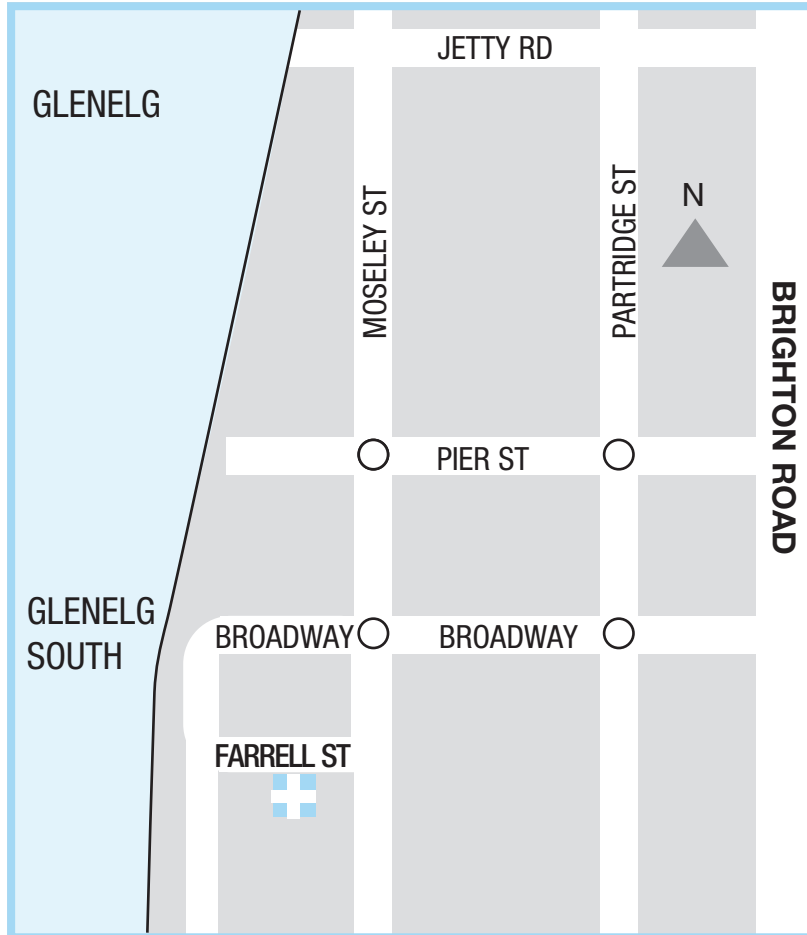


GLENELG COMMUNITY HOSPITAL INC.

PATIENT ADMISSION

AND INFORMATION BOOKLET

HOW TO FIND THE HOSPITAL



**5 Farrell Street,
Glenelg South 5045
Telephone: 8294 5555
Facsimile: 8294 9265
Email: reception@gchi.com.au
Website: www.glenelghosp.com.au**



**Glenelg Community Hospital Incorporated
PRE-ADMISSION INFORMATION**

Please complete pages 1- 4 and forward to Glenelg Community Hospital prior to admission. To avoid admission delays, forms should be at the hospital at least 14 business days prior to admission.

If unable to do so, contact us with your details as soon as possible and then please bring completed forms with you on admission. Please sign where indicated on page 2.

Admission Date:..... Admission Time:.....

Do not eat or drink anything from

ADMITTING DOCTOR:

DAY SURGERY OVERNIGHT SURGERY OR ADMISSION
(please select)

SURNAME: Mr / Mrs / Miss / Ms / Dr / Mast / Please select

GIVEN NAMES:

ADDRESS:

..... **POST CODE:**.....

Type of usual accommodation (please select) 1. House 2. Independent Unit 3. Hostel/Nursing Home

PHONE (H)..... **(W)**..... **(MBL)**.....

Country of Birth: **Date of Birth:**/...../.....

RACE (please select) Categories are required for SA health data collection

1. Aboriginal 2. Torres Strait Islander 3. Caucasian 4. Other Please state.....

Marital Status:..... **Religion:**.....

Occupation :..... **Male** **Female**

Medicare No.: _ _ _ _ _ Please include family No. on card

Expiry date:/.....

Have you ever been a patient at Glenelg Community Hospital? If so, when?.....

Next of Kin/Family or Friend to contact in an Emergency:

Name: **Relationship:**

Phone: (Home)..... **(Work)**

Guardianship or Power of Attorney Arrangements:

Name: **Phone (H)** **(W)**.....

GENERAL PRACTITIONER:

GP Address:..... **Phone no:**

Tear along here

PRIVATE HEALTH INSURANCE: (Membership details will be confirmed with the fund)

Health Fund..... Member No.:.....

Please check with your Health Fund for the following details:

Do you have an excess or Co-payment to pay? Yes No If yes, how much? \$

Note: any excess/co-payment due must be paid on admission

Do you have an exclusion or benefit limit? Yes No Details:

Ambulance Cover Yes No Membership No.

BENEFIT DETAILS:

Pension No..... Exp. Date:..... Pharmacy Safety Net No.

Health Care Card:..... Exp. Date:.....

DVA No.: Expiry Date:..... Card colour WHITE / GOLD

WORKCOVER, THIRD PARTY, PUBLIC LIABILITY CLAIMS:

Name and address of employer:

Claim No.:..... Date of Injury/Accident:/...../.....

Name of Claims Clerk:

Address: Phone:.....

Solicitor:

Address: Phone:.....

Date of accident: /..... / Place of accident:

Note: If responsibility is not accepted through compensation, the patient is personally responsible for payment.

PATIENT ACCOUNT RESPONSIBILITY:

Patients with no excess payment will have their account paid direct to the hospital by their respective health fund. Excess payment if applicable will be advised and will be required to be paid on admission. Self Insured patients will be required to pay an estimated theatre fee for the procedure and/or accommodation fee on admission, the total fee will be advised. EFTPOS facility is available. (If unable to sign any signatures below, this will be completed on admission).

I, (name in full)

accept full responsibility for my account payments. Signature:.....Date:.....

CONSENT TO COLLECT AND USE INFORMATION:

I consent to the collection of personal information to enable the process of treatment, and nursing care relevant to my health and well being whilst a patient at Glenelg Community Hospital Inc. This information will be available for the treating consultant, nurses and allied health professionals involved in this care and treatment. In an event that I require consultation treatment or care by another health care professional or another health care facility I consent for the release of relevant personal information to facilitate this process.

Signature: Date:.....

RIGHTS AND RESPONSIBILITIES:

- I acknowledge I have read the rights and responsibilities information in this package.
- I have updated & reviewed & confirm all information is correct.

Signature: Date:.....

SURNAME: _____

GIVEN NAMES: _____

DOB: _____

DOCTOR: _____

PATIENT HEALTH INFORMATION

Please state in your own words why you are being admitted to hospital:

.....
Have you ever been in hospital before? Yes No Why? When?
.....

Have you ever had: Previous anaesthetics? Yes No
Problems related to these anaesthetics? Yes No
Blood relatives with anaesthetic problems? Yes No

Comment

.....

Is this admission due to injury? Yes No

If yes how did it occur?

What date was the injury?..... / / Place of occurrence:

ALLERGIES/SENSITIVITIES/REACTIONS Yes No

Please list drug name and reactions (including known latex sensitivity, tapes, lotions, foods).

.....

Have you taken:

Aspirin, warfarin, clopidogrel or anti-inflammatory drugs in the last 2 weeks? Yes No
Steroids or cortisone related drugs in the last 6 months? Yes No

PLEASE LIST AND BRING ALL MEDICATIONS TO HOSPITAL

(e.g. tablets, puffers, pills, injections, patches, over the counter medications, herbal or naturopathic preparations and remedies). Please add a separate sheet if needed.

| Name of Medication | Why you take it | How much? (Dose) | How often each day? |
|--------------------|-----------------|------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

WEIGHT.....**HEIGHT**.....**BMI**.....

Do you have or require assistance with any of the following?

| | YES | NO | | YES | NO |
|-------------------------------|-----|----|-------------------------|-----|----|
| Hearing aids | | | Taking medications | | |
| Feeding/dressing | | | Wheelchair/walking aids | | |
| Showering/bathing/toileting | | | Prosthesis/implants | | |
| Getting in/out of bed / chair | | | Oxygen | | |

Other (Please comment):.....

.....

Tear along here

DO YOU HAVE, OR HAVE YOU EVER HAD?

| PROBLEM | YES | NO | COMMENT |
|--|------------|-----------|--------------------------------------|
| Stroke/ministrokes | | | |
| Heart problems/pacemaker/angina | | | |
| Lung, breathing problems (including CPAP machine) | | | |
| Arthritis | | | Type - osteo or rheumatoid: |
| Stomach/bowel disorders | | | Details: |
| High blood pressure | | | Medication Taken: |
| Fainting/dizziness | | | |
| Seizure/epilepsy | | | Date of last seizure: |
| Diabetes Type I / Type II | | | Managed by Diet / Tablets / Insulin: |
| Glaucoma | | | |
| Chronic infection such as Hepatitis or HIV? | | | |
| Cancer | | | |
| Liver disease | | | |
| Urinary / Bladder / incontinence problems | | | Details: |
| Psychological disorders | | | |
| Previous blood transfusion | | | |
| Any loose teeth, caps, dentures | | | |
| Neck or jaw stiffness | | | |
| Is there a possibility you may be pregnant | | | |
| Contact lenses or glasses | | | |
| History of bleeding tendency, Blood clot in legs or lungs? | | | Details: |
| Special diet | | | Type: |
| Do you smoke? | | | How many per day? |
| Have you ever smoked? | | | When stopped: |
| Do you drink alcohol? | | | How much per day? |
| Recent Admission (within past 12 months) to a large public or private hospital? | | | Which Hospital? |
| A previous or current infection with MRSA or VRE | | | Details: |
| Do you have any chronic skin conditions eg. eczema/psoriasis? | | | Details: |
| Are you a resident of an aged care facility? | | | |
| Any unhealed wounds or broken skin? | | | |
| Have you returned from overseas in the past seven days? | | | Which country(s)?: |
| Have you ever been notified you may be at risk of Creutzfeldt Jakob Disease? (CJD) | | | |
| Do you have a family history of 2 or more first degree relatives with CJD or other undiagnosed neurological illness? | | | |
| Have you received an injection of human pituitary hormone treatment for infertility or growth hormone for short stature? | | | |
| Have you had surgery on the brain (Neurosurgery) or other surgical procedure that involved a Dura Mater graft before 1990? | | | |
| Do you have a pre-existing neurological disease that is awaiting medical assessment? | | | |
| DISCHARGE PLANS | | | |
| Do you have someone to collect you from Hospital? | | | |
| Do you currently use any Community Services eg. Meals on Wheels / District Nurse? | | | Details: |
| Do you anticipate needing help when you return home? | | | Details: |

Admitting Nurse: Name: _____ Signature: _____ Date: _____

GENERAL PATIENT INFORMATION

ADMISSION

Your Doctor will arrange your admission and advise you of your date and time.

Please have nothing to eat or drink for 6 hours prior to Surgery or as advised by your doctor. This includes food, fluids & chewing gum. If you have any questions about taking medication (e.g. Aspirin) prior to Surgery, please ask your Doctor. Report to Reception on arrival.

WHAT TO BRING

Medical Requirements: if applicable

- All relevant x-rays/scans
- Notes/letters/reports from your Doctor
- Advice on medication
- All medication/s currently being taken in their original containers

Healthcare Information: if applicable

- Health Care Card
- Pensioner Concession Card
- Health Benefits Card
- Medicare Card
- Veteran's Affairs Card
- Worker's Compensation Insurer Details
- Third Party/Accident Details

Children:

- Extra change clothing tracksuit or other comfortable day clothing (nil jewellery)
- Tea and coffee facilities are available for parents
- It is not advisable to bring other children of the family to hospital as they tend to become upset and there is no play area for them.

Interpreter:

- If required please bring family member who can speak English. An interpreter service is available but requires 24 hours notice. Please advise hospital if this service is required.

CAR PARKING

Short term parking, is available at the front of the hospital.

VALUABLES

It is inadvisable to wear jewellery or bring valuables to the hospital on the day of surgery. **The hospital accepts no responsibility for loss of or damage to personal property kept by patients.**

DAY SURGERY PATIENTS: You will be allocated a locker and key for clothing and belongings.

OVERNIGHT PATIENTS: A security safe for money and small items is available if you are unable to leave these items at home.

VISITING

Day Surgery Patients: Visitors cannot be accommodated in the day surgery suite: exceptions being - one parent / carer for children or disabled patient.

There is a waiting room for visitors with tea and coffee available.

Visiting hours are between 11.00am and 8pm daily.

DAY SURGERY PATIENTS DISCHARGE INFORMATION

You will need a responsible adult to accompany you home and stay with you for at least the first night after you have been discharged. Failure to have a responsible adult may result in cancellation of your procedure.

It is advisable not to drive your car for a minimum of 24 hours after you have had an anaesthetic because the drugs you will be given may alter your concentration and co-ordination and may compromise your motor vehicle insurance cover.

It is recommended that an extra person be available to assist the taking home of a child.

OVERNIGHT PATIENTS DISCHARGE TIME IS 10AM.

Smoking

- Glenelg Hospital is a '**NO SMOKING**' facility.

Fire/Emergency Procedures

- Should the occasion arise staff will direct and assist with these procedures
- Practices for responding to fire / emergency procedures occur on a regular basis. Please follow the directions of our staff.
- Exit signs are identified.

ELECTRICAL EQUIPMENT

Battery-operated radios and cassette players with personal headsets are permitted. It is not advisable to bring electrical equipment to hospital. All electrical equipment must be tested by the maintenance department.

GENERAL PATIENT INFORMATION

REST PERIOD

Each day between the hours of 12.30p.m. and 2.00 p.m. we endeavour to promote a 'rest period' for all patients.

MAIL

A daily mail collection and delivery service is provided to each ward.

TELEPHONES

Telephones are installed by every bed. Local and most STD calls within South Australia can be made at any time by dialling "0" and then the number. Local calls are free of charge, however, **STD, Mobile and ISD** charges apply and are payable on discharge. The Hospital's telephone number is: (08) 8294 5555.

NEWSPAPERS

A complimentary daily newspaper will be delivered to your room each morning.

TELEVISIONS

A colour television is provided at each bed without charge. Foxtel cable programs are available.

HAIRDRESSER

If you require hairdressing services, please ask our nursing staff to arrange an appointment.

PRE-ADMISSION CLINIC

Patients having major surgery, will be contacted by the Pre-Admission Co-ordinator prior to the date of Surgery.

LAUNDRY

Please make your own arrangements for personal laundry. Special arrangements can be made for country patients or patients with special needs.

ADVANCE CARE DIRECTIVE

GCH supports and recommends all patients to provide directions about care in the event of life-threatening illness or injury. For more information, please ask your Doctor or our nursing staff.

MEALS

If you require a special diet for clinical, religious or personal reasons, please inform the nursing staff on arrival who will arrange for a catering staff member to visit you:

Our meals times are approximately:

- Breakfast 8.00 a.m.
- Morning Tea 10.00 a.m.
- Lunch 12.00 midday
- Afternoon Tea 2.30 p.m.
- Dinner 5.30 p.m.
- Supper 7.30 p.m.

Wine and beer are available with your evening meal, unless advised otherwise by your Doctor.

RIGHTS AND RESPONSIBILITIES OF PATIENTS

This Statement of your Rights and Responsibilities is provided to help you understand what you can reasonably expect from the Hospital and its Staff, as well as to advise you of your responsibilities.

The benefits you will receive from the care, together with the comfort and welfare which other patients are entitled to, depend in part on you exercising your rights and recognising those responsibilities.

Patient Rights:

What Rights do you have while you are in Hospital?

Whether you are an in-patient or an out-patient, you have the right to receive appropriate care:

- As promptly as possible, in a courteous and sympathetic manner with dignity and privacy.
- With respect for your beliefs.
- With understanding of different ethnic, cultural and religious practices.

Your Own Doctor

- You have chosen your own Doctor who has admitted you to Glenelg Community Hospital. Your Doctor may arrange after discussion with you to contact a Specialist Consultant to see you.

Your Hospital Accommodation

- As far as possible the accommodation of your choice is made available. However, there are times when it is impossible to meet special requests on admission. The majority of patients admitted are privately insured, so have equal right to private rooms, when they are available.

Information You Are Entitled To Have

- The name of staff caring for you and their professional qualifications
- Your diagnosis and an explanation of your condition. This is given to you by your Doctor.
- Results and meaning of tests or examinations, as soon as possible.
- The types of treatment that are available, which one your Doctor recommends and why.
- The drugs you are being given, their uses and anticipated effects and side effects.

You Can Question Your Treatment

- If you are unhappy about your treatment or progress, bring this to the attention of your Doctor or the Registered Nurse in charge. You have the right to ask for a second opinion.

You Can Refuse Treatment

- You may refuse to have any tests, examination, procedure or treatment at any time. If you do refuse, you have the right to be given details of the likely or potential outcome of your refusal, but cannot hold others responsible for the consequences.
- Your wishes regarding terminal care will be respected provided these conform with the obligations imposed on the Hospital by law.
- You may discharge yourself from the Hospital or from treatment at any time. However, by doing so, you cannot hold the Hospital and its staff responsible for the outcome. If you wish to discharge yourself from the Hospital against medical recommendations, you will be asked to sign a self-discharge form.

Are My Hospital Records Confidential?

Your medical history, treatment and information which you provided to the staff of the Hospital are treated as confidential, unless the law required otherwise in specific circumstances. Confidential information or treatment details will not be voluntarily released without first obtaining your consent.

Any information you may require from these records after discharge must be requested in writing.

Can I have Visitors?

In general, there are set times for visiting hours. These may be

changed if you let staff know of any special requirements. For example, if you have children, or your family live a considerable distance from the Hospital, or if you are extremely ill, your visitors will normally be allowed more flexible visiting.

You have the right to decide whether you will accept visitors, and how long they will stay. Nursing staff may decide that it is in your interests to limit visiting and are entitled to suggest that visitors leave.

You Can Help With Your Care

Information The Doctor And Hospital Needs To Know:

- Your medical history.
- Complications of previous illnesses.
- Any allergies you may have.
- The names and dosages of any tablets or medicines you may be taking.
- If you have had treatment recently by another Doctor or in another Hospital.

What You Need To Know and Do:

- A clear understanding of the treatment, drugs or tests that your Doctor is recommending for you.
- Follow the medical and nursing directions given to you for treatment.
- Report any change in your condition to the medical or nursing staff.

Ways You Can Help Other Patients:

- Try to understand the needs and problems of others. Show consideration for other patients, for example keep the T.V. volume turned down.
- Observe the "No Smoking" rules of the Hospital.

Ways You Can Help The Staff

- Be aware that there are many demands made upon the staff. Remember that the staff are people with needs as well.
- Express your appreciation of the staff.
- Helpful criticism is welcome as are suggestions on how to improve the Hospital.

You Can Assist With Hospital Security:

- By keeping as little money, jewellery and other valuables as necessary in Hospital.
- By giving valuables to the Hospital for safe keeping. (A receipt will be issued to you).

How You Can Help Make The Glenelg Community Hospital A Better Hospital:

- The Hospital staff will always do the best they can for you.
- There are always changes or improvements that can be made to assist them in doing this.
- You can help the Hospital by filling in the Patient Questionnaire or discussing concerns with the Director of Care or Chief Executive Officer.

You have the right to complain about any service. At Glenelg Community Hospital we encourage consumers to let us know if there are any issues that need improving.

Most problems which you may experience in hospital can be resolved by bringing them to the attention of your doctor or the nursing staff. If you are unhappy about any aspect of your care, please contact them when the problem first occurs.

The Chief Executive Officer, Director of Care & the Registered Nurse in Charge are available to assist all consumers, relatives and friends with any problems you may have. They can be contacted through any of the Hospital staff.

WHAT TO BRING:

Please use the following checklist to ensure that you remember all you need to bring with you.

Please remove make-up, jewellery and nail-polish before arriving.

Yes **No**
(Please select appropriate box as a reminder)

Medical Requirements: - All Admissions

- | | | |
|--|--------------------------|--------------------------|
| • All relevant x-rays/scans | <input type="checkbox"/> | <input type="checkbox"/> |
| • Notes/letters/reports from your doctor | <input type="checkbox"/> | <input type="checkbox"/> |
| • All medication/s you are taking in their original containers | <input type="checkbox"/> | <input type="checkbox"/> |
| • All medication authority scripts | <input type="checkbox"/> | <input type="checkbox"/> |

Health Information Requirements if Applicable: - All Admissions

- | | | |
|---|--------------------------|--------------------------|
| • Health Care Card | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pensioner Concession Card | <input type="checkbox"/> | <input type="checkbox"/> |
| • Health Benefits Card | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pharmaceutical Safety Net Card | <input type="checkbox"/> | <input type="checkbox"/> |
| • Health Fund Card or Book | <input type="checkbox"/> | <input type="checkbox"/> |
| • Medicare Card | <input type="checkbox"/> | <input type="checkbox"/> |
| • Veteran's Affairs Card | <input type="checkbox"/> | <input type="checkbox"/> |
| • Worker's Compensation Insurer Details | <input type="checkbox"/> | <input type="checkbox"/> |
| • Third Party/Accident Details | <input type="checkbox"/> | <input type="checkbox"/> |

Personal Requirements: - Overnight Stay

- | | | |
|---|--------------------------|--------------------------|
| • Reading material | <input type="checkbox"/> | <input type="checkbox"/> |
| • Spectacles | <input type="checkbox"/> | <input type="checkbox"/> |
| • Walking Stick | <input type="checkbox"/> | <input type="checkbox"/> |
| • CPAP Machine (if used at home) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Night attire (pyjamas/night gown) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Dressing gown/Non-slip footwear | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tissues/Toothpaste/Toothbrush | <input type="checkbox"/> | <input type="checkbox"/> |
| • Soap/Shampoo/Conditioner | <input type="checkbox"/> | <input type="checkbox"/> |
| • Shaving Items | <input type="checkbox"/> | <input type="checkbox"/> |
| • U-shape or favourite pillow | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tracksuit or other comfortable day clothing | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any other personal items | <input type="checkbox"/> | <input type="checkbox"/> |