



Unit Record Number

Surname

Given Name

D.O.B. Age Sex

Affix Patient Identification Label

PATIENT TO COMPLETE REGISTRATION FORM B

Referring Specialist Admission/Due Date Time

Procedure / Treatment Operation Date

Have you been a patient in Jessie McPherson Private Hospital or Monash Health before? YES NO

Does this admission relate to an accident at work or involving a motor vehicle? YES NO

Have you been hospitalised within 7 days prior to this admission? YES NO

If yes what was the reason for this admission?

Surname Given Names

Title Previous Names Registered

Date of Birth Male Female

Address Postcode

Contact Number (M) (H) (W)

Email Address Marital Status

Religion Country of Birth

Aboriginal or Torres Strait Islander? YES NO

Preferred language..... Interpreter Required? YES NO

1ST CONTACT PERSON/NEXT OF KIN

Surname Given Names

Address Post Code

Relationship (H) (W) (M)

2ND CONTACT PERSON/NEXT OF KIN/POWER OF ATTORNEY (please circle)

Surname Given Names

Address Post Code

Relationship (H) (W) (M)

Local Doctor / GP Contact Number

Address Fax

..... Post Code

Medicare No Reference number (left of patient name)

Medicare expiry date Safety Net Card No

Health Insurance Fund Membership Number

Do you have a pension card? YES NO Type of card

Pension card No. Expiry date

Do you have Ambulance cover? YES NO Membership Number

Do you have a DVA card? YES NO White Gold Card No:

WORKCOVER **TAC** Approved YES NO

Insurance Provider Date contacted

Claim Number Case Manager

Employers Name Address

Although a single room can be requested, we cannot guarantee this request.



**ELECTION FOR ADMISSION TO JESSIE McPHERSON PRIVATE HOSPITAL
(FORM B CONTINUED)**

ACCOMMODATION REQUEST Day Patient Shared Room Single Room (Subject to availability)

Single rooms are allocated according to medical need.

HOSPITAL VALUABLES POLICY:

I understand that Jessie McPherson Private Hospital does not accept any responsibility for damage to or loss of any personal items, valuables or money brought to the hospital.

PRIVACY CONSENT:

I have received and read "Rights and Responsibilities" and "The Privacy of your Personal Information" and consent to the collection, follow-up, use and disclosure of my information.

ELECTION FOR ADMISSION:

I elect to be treated as a private patient at Jessie McPherson Private Hospital. I authorise the hospital to release information about my admission to my insurer for the purpose of claims processing. Should my insurer (Health Fund, Transport Accident Commission, Department of Veterans' Affairs, Workcover, etc) reject my claim or reduce benefits paid, I understand that I am personally responsible for paying in full the balance on the account.

ELECTION FOR ADMISSION AS A SELF FUNDED PATIENT:

I understand that as a self funded patient I am personally responsible for all costs and charges associated with my admission to Jessie McPherson Private Hospital.

I have read and understand the above information and agree to settle my account at the time of discharge or upon request.

Signed Date/...../.....

Print Name

Person Responsible for Account (if other than patient)

Name

Relationship to Patient

Address

Suburb State Postcode

Phone (H) (W) (M)

Witness (signature) Date/...../.....