

**PRE ADMISSION SERVICE
QUESTIONNAIRE**

SURNAME.....

GIVEN NAMES.....

DATE OF BIRTH

Please fill in if no Patient Label available

OFFICE USE ONLY

HEALTH QUESTIONNAIRE TRIAGE:

Ready for care at: ☐ Rosebud ☐ Frankston

Further assessment required from:

☐ Patient ☐ GP ☐ Specialist ☐ Medical Record ☐ Other.....

Comments:.....

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☐ PAC attendance required surgical preparation

☐ Anaesthetic assessment required

Screened by:..... Date.....

If > 3 months since completion, phone patient to update information

Phone triage completed by:..... Date.....

ALERTS

☐ HDU / ICU

☐ Anticoagulant Plan

☐ HITH

☐ Insulin Requiring Diabetes (IDDM)

☐ Pacemaker

☐ Sleep Apnoea

☐ CPAP

☐ Latex Allergy

☐ Anaesthetic Risk

☐ Interpreter needed

☐ Bariatric - BMI =..... Weight =.....

☐ No blood products

☐ MRSA / VRE +ve

☐ Methadone Program (notify Pharmacy)

Planned Procedure / Operation:.....

.....

Category: ☐ 1 ☐ 2 ☐ 3

Surgeon:.....

Proposed date of
operation:

...../...../.....

Admission Date

...../...../.....

Admission Time

.....:.....

Frankston

Rosebud