

Doctor to Complete

REQUEST FOR
ELECTIVE ADMISSION

UR NUMBER.....

SURNAME REDDYGIVEN NAMES Siva KumarDATE OF BIRTH 28-11-69 Sex: M F
Please fill in if no Patient Label available

15/10/13. Print Code: 14369

Patient: Title	Surname <u>REDDY</u>	Given Name <u>SIVA KUMAR</u>
Date of Birth: / /	☐ Male ☐ Female	Previous Patient: ☐ Yes ☐ No
Address		Postcode
Phone: Home	Work	Mobile
Next of Kin: Name:	Phone:	Mobile:
Email	Interpreter required ☐ No ☐ Yes - Language	
Marital Status	Religion	Aboriginal / Torres Strait Island ☐ Yes ☐ No
Private Health fund details for public and private patients		Fund Name: Membership No:

Admission Type

☐ Private ☒ Public ☐ DVA ☐ TAC ☐ WC Other

Medicare No. Pension No. DVA No & card colour

Surgery Details

Referring Consultant monatue Unit RAN medicineCan the patient continue antiplatelet or anticoagulant therapy perioperatively? ☒ Yes ☐ No - please advise:

Provisional Diagnosis

Low back pain

Proposed Surgery / Procedure

Ketamine infusion - Day case

PPP Code:

Special Requirements (equipment, prostheses, consumables, cell saver)

Duration of Procedure

☐ Routine ☐ Extended
Est. LOS
☐ Day Case ☐ Overnight No. of Nights

☐ Image Intensifier
☐ Part Case ☐ Whole case ☐ C-arm suitable

Clinical Notes:

Estimated Length of Procedure

Known Alerts: ☐ Latex, ☐ drug, ☐ VRE, ☐ MRSA?Category of Clinical Urgency: ☐ Category 1

(Urgent within 30 days)

☐ Category 2

(semi-urgent desirable within 90 days)

☐ Category 3

(Desirable within 365 days)

Patient's Nominated General Practitioner

Surname Madumathi Mudiyansele Given Names

REQUEST FOR ELECTIVE ADMISSION

MR

