

Pre Admission Service Questionnaire
(cont.)

Patient to Complete

UR NUMBER.....

SURNAME.....

GIVEN NAMES.....

DATE OF BIRTH

Please fill in if no Patient Label available

GENERAL HEALTH INFORMATION Please ✓ boxes as appropriate

No Yes

39. Do you require an Interpreter - if yes, what language?..... ☒ ☐
40. Do you have a problem with your speech? - if yes, what ☒ ☐
41. Do you have impaired eyesight? - Glasses / Contact Lens / Eye prosthesis / Legally blind (circle) ☐ ☒
42. Do you have impaired hearing? - Deaf / Hearing aid (circle)..... ☒ ☐
43. Has your bowel pattern changed recently? - Constipation / Diarrhoea / Blood / Incontinence (circle) Sometimes..... ☒ ☐
44. Do you have any problems passing urine? - pain / odour / blood / incontinence, catheter (circle) ☐ ☐
45. Do you have a stoma? - colostomy / ileostomy / ileal conduit, tracheostomy / laryngectomy (circle) ☐ ☐
46. Have you had any falls in the past few months? ☒ ☐
47. Do you use any mobility aids such as a stick, frame or wheelchair etc.? ☒ ☐
48. Do you have any eating or swallowing difficulties or special eating/dietary needs?..... ☒ ☐
49. In the last three months have you had a non-healing wound ☒ ☐

DISCHARGE PLANNING

1. Do you live alone? with Family..... ☒ ☐
2. Do you live in a residential care facility? - nursing home / hostel / other supported accommodation (circle)..... ☒ ☐
3. Do you have responsibility for the care of others at home? e.g. sole parent, care of disabled relative (circle) children..... ☐ ☒
4. Do you currently require assistance with
toileting / showering / bathing / dressing / cooking / housework / shopping? (circle) ☐ ☐
5. Will additional assistance be needed when you return home?..... ☐ ☒
6. Do you currently receive any support services? e.g. home nursing / meals on wheels / home-help / personal care,
respite care / Community Aged Care Packages - (circle)..... ☒ ☐
7. We advise that you must have an adult escort you home and a carer overnight following discharge from day surgery.
Who will stay with you? - Name: Bharathi Narayanan / Poosa Phone No. 0430 024 678
8. Who will escort you home from hospital - Name: Wife (Bharathi) Phone No. 0430 024 678
9. How long do you expect to be in hospital No idea.....

Signature of Person Completing Form: E. Suresh Kumar Date Signed 21/10/2014

- FOR COMPLETION BY PATIENT -