

QFG DAY THEATRES	OFFICE USE ONLY:	UR NO.
1st & 4th Floors St Andrew's Place 33 North Street Spring Hill 4000 Phone: (07) 3307 3243 Fax: (07) 3832 3247		
PRE-ADMISSION FORM		

PLEASE COMPLETE AND RETURN TO US AS SOON AS POSSIBLE. IF THE FORM WILL NOT REACH US BEFORE ADMISSION, PLEASE RING DURING OFFICE HOURS, GIVE DETAILS TO RECEPTIONIST AND BRING FORMS WITH YOU.

Proposed Admission Date <small>(if known)</small>	/	/	Treating Doctor:
Proposed Surgery:			
Surname:		(Mr, Mrs, Miss, Ms, Dr)	
Given Names (In Full):			
Home Address:			
Postcode:			
WE WILL CONTACT YOU ON THE LAST WORKING DAY PRIOR TO YOUR SURGERY.			
PLEASE PROVIDE US WITH A CONTACT NUMBER: _____			
Medicare No.	No. on Card	Valid until: /	
Phone (Home):	(Business):	(Temporary):	
Date of Birth: / /	Age:	Religion:	
Country of Birth: _____			
Main Language Spoken: _____			
If required will an interpreter accompany you? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Occupation:			
Marital status:	1. Never Married <input type="checkbox"/>	3. Widowed <input type="checkbox"/>	5. Separated <input type="checkbox"/>
	2. Married/Defacto <input type="checkbox"/>	4. Divorced <input type="checkbox"/>	
Next of Kin:	Relationship:		
Address:			
		Postcode:	Contact Phone No.
Have you used this facility previously?	Yes <input type="checkbox"/>	Please advise if Surname changed	
	No <input type="checkbox"/>		
Have you been in hospital in the last 28 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give details:
DECLARATION			
I accept responsibility for payment of all treatment administered at QFG Day Theatres Pty Ltd irrespective of any claim which I may have against any Health Fund or other party. I also accept that should admission to hospital for further care be required I will be responsible for all costs incurred.			
Signature _____ Date / /			
Relationship to Patient _____			
PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM			

INSURANCE DETAILS
PLEASE COMPLETE THE FOLLOWING

FUND NAME:

MEMBERSHIP NO:

TYPE OF COVER:

ANNUAL EXCESS
(If Applicable)

IS THIS PROCEDURE COVERED BY:

	YES	NO	
WORKERS COMPENSATION	<input type="checkbox"/>	<input type="checkbox"/>	CLAIM NUMBER
VETERANS AFFAIRS	<input type="checkbox"/>	<input type="checkbox"/>	ENTITLEMENT NUMBER.....
NON INSURED	<input type="checkbox"/>		

PAYMENT OF ACCOUNTS

ACCOUNTS ARE PAYABLE IN FULL ON THE DAY OF SURGERY. PAYMENTS CAN BE MADE BY CHEQUE, CASH, EFTPOS, CREDIT CARDS OR AMERICAN EXPRESS. PLEASE REMEMBER TO BRING YOUR HEALTH FUND DETAILS AND YOUR MEDICARE CARD WITH YOU.

To assist you in finding out any costs for your procedure, please complete the following:

	Completed	Not Applicable
1. If you have health insurance, ring your fund to check whether you are covered for this procedure at QFG Day Theatres and if an excess is applicable.	<input type="checkbox"/>	<input type="checkbox"/>
2. If you do not have health insurance, please ring QFG Day Theatres with your item numbers to receive a verbal/written quote for your stay.	<input type="checkbox"/>	<input type="checkbox"/>
3. Request written information from your surgeon about any "out of pocket costs" which may apply to the surgical fee.	<input type="checkbox"/>	
4. Request the name and contact phone number of your anaesthetist, from your surgeon's rooms, for information on any "out of pocket costs" which may apply to the anaesthetic fee.	<input type="checkbox"/>	
5. If pathology is required, please note that a "Gap Payment" may apply.		

PRIVACY PRINCIPLES

1. We acknowledge our obligations to you under the Privacy Act 1988.
2. Our Personal Information Management Policy is available at Reception and our Privacy Officer, who can be contacted by telephone through our main switchboard, is happy to answer any questions you may have concerning the policy.

PLEASE READ YOUR BROCHURE TO ASSIST IN PREPARING FOR YOUR SURGERY AND YOUR DISCHARGE ARRANGEMENTS.