**Elective Admission Booking**

### Patient Information

- **URN:**
- **Family name:**
- **Given name(s):**
- **Date of birth:**
- **Sex:**

### Referral Information

- **Referring facility:**
- **Treating facility:**

### Admissions Details

- **Referral source:**
  - OPD
  - Private rooms
  - ED
  - Ward
  - Other QH facility
- **Referring facility:**
- **Treating facility:**

### Medical History

- **Special requests for operating date / comments:**

### Pre-operative Information

#### Equipment

- **Equipment (e.g. image intensifier / instruments):**

#### Special Requirements

- **Special requirements / comments:**

### Medications

- **Medical conditions/alerts/allergies** (e.g. Diabetes, Renal, Latex Allergy)
- **Medication to be ceased**
  - Nil to be ceased
  - Anti-inflammatory
  - Anticoagulants

### Prosthetics

#### Pre-admission Clinic

- **Pre-admission clinic required:**

### Post-operative

- **ICU / HDU bed needed post-op:**
- **VTE prophylaxis?:**

### Communication

- **Interpreter required?**
- **Consent obtained?**

### Pre-admission Evaluation

- **Consent obtained:**
  - Written
  - Verbal

### Urgency Category

<table>
<thead>
<tr>
<th>Treatment is:</th>
<th>Surgical</th>
<th>Non-surgical</th>
</tr>
</thead>
<tbody>
<tr>
<td>required within 30 days</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>required within 90 days</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>required within 365 days</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

### Pre-admission Clinic

- **Pre-assessment evaluation completed by:**

### Discharge Planning

- **Discharge Planning Information:**

### Booking Office Use Only

- **Entered on EAM by:**
- **Date on EAM:**
- **Scheduled date for admission:**
- **Scheduled time for admission:**
- **Scheduled date for surgery:**
- **Scheduled time for surgery:**
- **Surgeon:**
- **Theatre:**