SYDNEY
ADVENTIST
HOSPITAL

Pre Admission Booklet

SYDNEY ADVENTIST HOSPITAL

Thank you for choosing Sydney Adventist Hospital for your care.

Please carefully read this booklet and retain for your information.

PLEASE COMPLETE THESE FORMS

☐ Admission Form (2 pages)

☐ Patient History (4 pages)

☐ Consent to Medical/Surgical Treatment (completed with your doctor)

Please print clearly on all forms.

Only complete the **WHITE SECTIONS** of the forms, not the shaded areas (which are for nursing staff and office use only).

PLEASE RETURN THESE FORMS AS SOON AS POSSIBLE

If your admission date is:

More than 5 working days away.

- Mail the forms using the enclosed pre addressed free post envelope.

Within 5 working days.

- Free fax to 1800 009 522 and bring the original forms on admission; or
- Hand deliver to Reception at the front entrance prior to your admission.

Your doctor will fax the Hospital Booking Letter to us. Please retain the original and bring it with you when you are admitted to hospital.

If you are attending the Pre-Admission Clinic, bring all your forms with you (including your Hospital Booking Letter) on the day of your appointment (see page 1 for further detail about the Pre-Admission Clinic).

SYDNEY ADVENTIST HOSPITAL LTD
Admitting Officer,
Freepost 6, 185 Fox Valley Road,
Wahroonga, NSW 2076

General enquiries: (02) 9487 9111
Patient Admission Fax: 1800 009 522
Doctor Booking Fax 1800 009 111
Website: www.sah.org.au
Admission enquiries: (02) 9487 9903

PRIOR TO COMING TO HOSPITAL

PRE-ADMISSION CLINIC (PAC)

You may be required to attend the Pre-Admission Clinic prior to your admission. Your doctor or the hospital will contact you if they wish you to attend the PAC. If your doctor asks you to attend, please make an appointment by phoning **(02) 9487 9115.**

Your appointment at the PAC may be up to three weeks prior to surgery. The length of appointments will vary. It can take up to three hours.

At the PAC, you will have any necessary pre-operative tests and a discussion with health professionals about your procedure. A relative or friend may accompany you if you wish. You may need to have a consultation with your anaesthetist at the PAC.

If you are attending the PAC, please bring all your original admission forms **(including your original Hospital Booking Letter)**, any information from your GP, any additional test requests from your doctor, and a list of your medications.

Please note: Attendance at the PAC is considered an outpatient visit for accounting purposes and is not included in your hospital inpatient stay. Some of the tests and assessments performed at the PAC may incur a gap payment. Medicare will reimburse some of the costs of some tests. You should check with your health fund regarding any reimbursements available for outpatient services such as physiotherapy assessments.

FASTING

Generally you should not eat or drink (except for water) for at least six hours prior to your procedure, unless your doctor has indicated otherwise. You may drink water up to three hours prior to your admission.

The fasting time may vary, depending on the type of anaesthetic you are having. You will be advised when to commence fasting by hospital staff prior to your admission.

If fasting instructions are not followed, your procedure may have to be postponed in the interests of your safety.

YOUR MEDICATIONS

If you take any regular medication (including non-prescription medications) you should discuss this with your doctor. You may need specific instructions regarding which medications you should cease and which you should continue.

Generally, you should take your regular morning medication at 6.00am with a sip of water. If your procedure is in the afternoon and you usually take your medication at lunchtime, you should take those at 11am with a sip of water.

Exceptions to this are:

- **Aspirin and anti-inflammatory medications**
  - **Patients attending Cardiac Catheterisation Laboratory** (eg for coronary angiogram/stent, electrophysiology studies) should **continue taking** aspirin, clopidogrel (Plavix or Iscover) or warfarin unless instructed otherwise by your cardiologist.
  - **All other patients** should **cease taking** these medicines 10 days prior to your procedure **unless you are taking it for your heart or for stroke prevention.** If you are taking aspirin, clopidogrel (Plavix or Iscover), warfarin or anticoagulants for a heart condition or stroke prevention, you should seek specific instructions from your surgeon and cardiologist as to when or if these medications should be ceased.
  - **Patients with coronary artery stents, any vascular stent or cardiac implant** should discuss with their cardiologist or surgeon before ceasing the drugs listed above.
- **Diabetic Medications**
  - **Patients attending the Cardiac Catheterisation Laboratory or the Radiology Department** who are taking the diabetes medication metformin may need to cease metformin 48 hrs prior to certain procedures. Your doctor or nursing staff in these departments will advise if this applies to you.
  - For all patients - it is important that you discuss diabetes medication instructions with your doctor prior to your procedure.
- **Herbal (complementary / alternative) medicines** – if you are having a procedure, you should cease taking these medicines for 10 days prior to your procedure unless otherwise instructed by your doctor.

YOUR ARRIVAL TIME

If you are being admitted on the day of your procedure, a member of staff will contact you between 4.00pm and 8.00pm on the working day or evening prior to your admission to notify you of your required arrival time (see Cardiac Catheterisation Laboratory and Radiology exceptions below).

If you are being admitted the **day before your procedure**, attend the main reception area (foyer) on Level 4, between 2.00pm and 3.00pm, unless your doctor requests you to present earlier in the day. You will then be taken to your pre-operative ward.

If you are attending the **Cardiac Catheterisation Laboratory**, please phone (02) 9487 9130 or (02) 9487 9136 between 3 pm and 4.30 pm the working day prior to your procedure to confirm your admission time.

If you are attending the **Radiology Department** as a day-stay patient, please contact Radiology to book a time for your procedure by calling (02) 9487 9850. A nurse from the department will be in contact 2-3 days prior to your procedure to confirm final details of your attendance.

The hospital will endeavour to minimise your waiting time. However, there may be longer than expected waiting times if unforeseen events arise with other patients undergoing procedures or if pre-operative reviews or tests are requested by your doctors in the interests of your care.

WHAT TO BRING

- **All entitlement cards** e.g. Medicare / Safety Net / Veterans' Affairs and Health Fund cards
- Any paperwork not already forwarded to the Hospital
- Relevant x-rays, scans or films
- Current medication (in their original containers) and prescriptions, including repeat forms
- Payment for estimate of gap between fund benefits and hospital fees, or total estimated costs of hospitalisation if you have no health insurance
- Reading material and/or something else to do, and
- A hard case for your glasses.

If you are staying overnight, please remember to also bring (in a small overnight bag):

- Sleepwear, dressing gown and slippers
- Personal toiletries
- Small amount of change for newspapers and other small purchases, and
- A watch and/or a battery operated clock.

Do not bring:

- Valuables, including jewellery, laptop computers and large sums of money (unless settling your account in cash on admission)
- Unnecessary clothing
- Large luggage and suitcases (these cannot be accommodated).

PRIOR TO YOUR PROCEDURE

If you are having a procedure, please also:

- Shower
- Do not apply any powder, creams, lotions or makeup
- Please follow instructions from your doctor and hospital nursing staff, including fasting instructions

YOUR ACCOUNT

Where time allows, the hospital will provide an estimate of the gap between your health insurance cover and the hospital costs prior to your admission. Otherwise, an estimate will be provided at the earliest opportunity after your admission. This will be an ESTIMATE ONLY. As the estimate is prepared using information supplied by your admitting doctor, it is subject to change without notice. Circumstances may also occur during your hospitalisation that will result in changes. Fees for some services cannot be estimated prior to your admission. These services will be listed on your estimate.

While no guarantee can be given, every effort will be made to accommodate your room request. If you are allocated a private room, a gap payment will apply if your health insurance cover does not include private room fees.

Payment for your estimated gap is required on or before admission. Sydney Adventist Hospital (SAH) offers several options to pay your estimated gap or other accounts. These are Internet, automated phone payment, BPay, post (cheque or money order only), by phoning us on 02 9487-9900 (credit card) or by presenting in person (cash, cheque, EFTPOS, credit card). You may refer to www.sah.org.au (Pay My Account) for full payment option details or to make a payment.

DOCTOR ACCOUNTS

Accounts from your treating doctors are separate and not usually fully covered by your health fund or Medicare. Please contact your treating doctors directly for estimates and/or to settle these accounts.

For some particular procedures and specialists, the Medicare Benefits Schedule falls well short of the relative value of the procedure as determined by the specialist colleges. You should therefore be aware that there may be a significant difference between your doctor's fee and the combined Medicare / health fund rebates. Unless otherwise agreed with your doctor, payment of this gap (out of pocket costs) is your responsibility. You should seek an estimate of your out of pocket costs from your treating doctor and anaesthetist prior to your procedure.

Please let your doctor and your anaesthetist know as soon as possible if your medical bills are to be paid by a third party such as worker's compensation or the Department of Veterans' Affairs.

PRIVATELY INSURED PATIENTS

Please check with your private health insurer that your insurance is up to date. The hospital will check on your behalf whether you have an excess or co-payment to pay or if your level of cover or waiting period excludes you from receiving benefits for some conditions. However, it is important that you also check with your private health insurer as co-payments and costs for excluded procedures are your responsibility.

UNINSURED PATIENTS

If you do not have health insurance, you will be required to pay the full estimate of your account on or before the day of your admission.

Fees for additional or unplanned services are payable on or after the day of your discharge.

VETERANS

While no guarantee can be given, every effort will be made to accommodate your room request. As DVA does not cover veterans for private room accommodation, a gap payment will apply for each day you occupy a private room. All veterans will receive a hospital estimate highlighting the potential out of pocket expenses associated with private room accommodation.

The Hospital will ensure that prior approval is received for all White Card holders. Gold Card Veterans' Affairs patients do not require approval prior to admission.

If you require transport to or from hospital, you will need to contact the Department of Veterans' Affairs to make arrangements.

WORKERS' COMPENSATION AND THIRD PARTY PATIENTS

All Workers' Compensation, public liability and third party patients require approval from their insurer prior to admission. If approval is not received, the patient is required to pay the estimated amount on or before the day of admission.

The telephone number for all accounts enquiries is **(02) 9487 9900.**

GETTING THERE

Please see back cover for detail.

YOUR ADMISSION AND STAY

If you are **being admitted to hospital on the day of your procedure**, you will be admitted via the Day of Surgery Admission Centre (DOSAC).

Exceptions to this are admissions:

- the day before your surgery
- for non-surgical care
- for maternity care
- for paediatric care
- for sleep studies
- for procedures performed in the Cardiac Catheterisation Laboratory
- for procedures performed in the Radiology Department

For these exceptions, please attend the main reception area (foyer) on Level 4 for admission. For all other admissions, please attend DOSAC.

DOSAC is located on Level 4 in the north wing of the Hospital (closest to the Car Park). If you enter through the main hospital entrance, ask at Reception where you are to be admitted. If you have parked in the main car park, you will find lifts adjacent to the bottom of the stairs (Level 2). Take the lift to Level 4. DOSAC is directly opposite the lifts.

For patients attending either the San Day Infusion Centre (for infusion, transfusion, chemotherapy) or the Renal Dialysis Unit, please attend the main reception area (foyer) only on your first admission in a course of treatment or if you need to make a payment. For additional attendances, please proceed directly to the San Day Infusion Centre or Renal Dialysis Unit for admission.

For patients attending the Radiology Department, please present to the main reception area (foyer) on Level 4 for admission approximately one hour before your procedure time.

If you are unable to keep your appointment for admission or if you have any questions about your admission process, please contact us as soon as possible on (02) 9487 9903.

VISITING HOURS

General ward visiting hours are 10.30am to 1.00pm; and 3.00pm to 8.00pm. Ward visiting hours may vary slightly from ward to ward so please check with ward staff who will advise you if there are any variations to the standard visiting hours.

All wards have recommended rest periods. Ward staff will notify you as to what these are. We ask that you advise your friends and relatives not to visit or call during these times.

LEAVING HOSPITAL

Following discharge from hospital, you will require someone to drive or accompany you home. Day patients can be met in the Day Surgery Discharge Lounge located on Level 4, adjacent to the Day of Surgery Admission Centre.

For overnight patients, discharge is prior to 10.00am. We ask you to vacate your room by this time to allow us to prepare for the next patient.

For the first 24 hours after your procedure it is important that you:

- Do not drive a car
- Do not drink alcohol
- Do not remain on your own (unless approved by your specialist)
- Do not make complex or legal decisions

We advise that you should be in the company of a responsible adult for 24 hours after a procedure.

You may be asked to follow detailed instructions after you leave hospital. These may include medication instructions. We advise that having a responsible adult with you during these discussions is important following administration of an anaesthetic.

MORE ABOUT YOUR FORMS

To assist with the completion of your forms, please find below a list of definitions of terms.

DEFINITIONS

- An **enduring guardian** can make personal decisions on your behalf, such as where you should live, medical treatment and services you should receive.
- A **power of attorney** can make financial decisions on your behalf, for example disposing of assets or operating your bank account.
- An **Advance Care Directive** refers to written instructions that relate to the provision of health care when a person is unable to make their wishes known. It is sometimes called a 'living will'.

Please send a copy of your Advance Care Directive with your forms if you have one.

HOSPITAL BOOKING LETTER

SYDNEY ADVENTIST HOSPITAL

AMO Name please print

MRN ....ACN........................

Surname ....

Given Names ....

D.O.B ....

Doctor to complete this form

Patient Details

Title	Surname	Given Name (s)

Date of birth	Unit / Street No./ Street Address		Home Ph
Sex ☐Male ☐Female	Suburb	P/Code	Mobile Ph

Clinical Details

Provisional Diagnosis

* **VTE Prophylaxis**	Chemical ☐Yes ☐No Mechanical ☐Stockings ☐SCD ☐No If No, state reason..	**Co-morbidites (leave blank if 'No')**
Diabetes	☐Type 1 ☐Type 2 ☐Type 2 on insulin	
Confirmed MRO	(MRSA, VRE, ESBL, MRAb) ☐Yes ☐No	
Latex allergy	☐Yes ☐No	
Weight	**NB patients > 180kg cannot be admitted:** ☐< 110 kg ☐110-140 kg ☐Weight > 140kg	
Other allergies		**Other known infectious risk**

Admission details

Admission date 2 0 | ☐Day only **OR** ☐Overnight expected ☐ nights | ☐Post op. ICU bed required | **Transfer** ☐Other hospital ☐Nursing Home

Pre-admission by: ☐SAH PAC ☐AMO ☐diagnostic results following

Procedure Details

Operation /Procedure Date	Time of list	Location	
2 0	☐AM list ☐PM list	☐Cath Lab ☐Endoscopy ☐Radiology ☐Theatre	☐Image Intensifier required ☐Navigator probe required

Planned Procedure(s) | CMBS Item No.(s)

Equipment Details

Implantable device	Type	Type
☐Implanting Device ☐Removing device	Company ☐Contacted	Company ☐Contacted

Will the prosthesis used attract a gap payment? ☐No ☐Yes If so, gap estimate $......................

Has informed financial consent been provided? ☐Yes ☐No

Patient Signature ....

Pre-operative consultation

Anaesthetist ....

Physician ....

☐Case Manager ☐Physiotherapist ☐Dietitian

☐Discharge Planner ☐Social Worker ☐Stomal therapist

Other instruction notes

☐Cytotoxic to be used

Pre-operative tests

Please organise the following tests ☐Pathology ☐Radiology ☐Nuclear Medicine ☐ECG

Required test (s)

Could this patient be pregnant? ☐Yes ☐No

Tests to be performed prior:

Copies to:

☐**Consent to Medical / Surgical Treatment completed** ☐**Medication orders at admission (see over)**

AMO Signature .... **Date** ..../........../............

Doctor / Secretary only:
FOR ALL ADMISSION EXCLUDING CATH.LAB
Please fax this side to 1800 009 111 ;
FOR CATH LAB Patients 1800 047 099

Doctor / Secretary only:
Please fax this & copy of consent form
Photocopy for your records and hand
originals to patient

MR1ABP1

HOSPITAL BOOKING LETTER

MR 1AB

* *http://www.vteprevent.nhmrc.gov.au*

SYDNEY ADVENTIST HOSPITAL

HOSPITAL BOOKING LETTER (continued)

Surname ______________________

Given Names ___________________

DOB ________/____/___________________

Medication orders at admission - please print clearly (orders valid for 24 hours after admission)
To ensure timely administration, list medication to be given first, followed by current medication

Date of order	Medication	Strength	Dose	Frequency	Route	Start Date	Stop Date	Doctor's Signature	Administration								
									Medication time			Date	Time	Initial	Date	Time	Initial

Attach an additional Hospital Booking Letter if extra space is required for medication

* M R 1 A B P 2 *

SYDNEY ADVENTIST HOSPITAL

CONSENT TO MEDICAL OR SURGICAL TREATMENT

MRN	ACN

Surname	Given Names
Admission Date: 2 0	Admitting Doctor

I, Dr .... have discussed with

.... D.O.B ....../......./.......

the need for him / her to have the following medical treatment and/or procedure ....

....

....

We have discussed what alternatives are available; the nature and risks of this medical treatment and/or procedure; the risk that it may not give the expected result, and the possibility of altered or additional procedures being required. We have also discussed the fact that the medical treatment and/or procedure may involve anaesthetics, medications and/or blood transfusions, blood products and that these also carry risks. On the basis of this understanding, we agree that I perform, and he/she consent to, this medical treatment and/or procedure.

Doctor .... (Name) ....Date......./......./........
(Signature)

Patient .... (Name) ....Date......./......./........
(Signature)

OR

CONSENT BY PERSON RESPONSIBLE TO MEDICAL OR SURGICAL TREATMENT

I, Dr ....have discussed with

.... the person responsible for

....D.O.B ..../....../........

the need for the latter to have the following medical treatment and/or procedure ....

....

....

We have discussed what alternatives are available; the nature and risks of this medical treatment and/or procedure; the risk that it may not give the expected result, and the possibility of altered or additional procedures being required. We have also discussed the fact that the medical treatment and/or procedure may involve anaesthetics, medications and/or blood transfusions, blood products and that these also carry risks. On the basis of this understanding, we agree that I perform, and he/she consent to, this medical treatment and/or procedure.

Doctor ....(Name) ....Date......./......./........
(Signature)

Person Responsible..................................... (Name) ....Date......./......./........
(Signature)

Please fax copy to Hospital Bookings 1800 009 111

MR1C

Revised SAH form May.2008V2

CONSENT TO MEDICAL OR SURGICAL TREATMENT

MR 1C

SYDNEY ADVENTIST HOSPITAL

ADMISSION FORM

OFFICE USE ONLY

MRN ....ACN ....

Surname ....

Given Names ....

DOB ....

THIS HOSPITAL VISIT

Date of Admission __ __ __ __ 2 0 __ __

Date of Procedure __ __ __ __ 2 0 __ __

Requested accommodation (please tick) ***(Does not apply to Day Only Patients)***

☐ Single Room ☐ Shared Room ***(Not available for Maternity)***

Whilst no guarantee can be given, every effort will be made to accommodate your request. A payment gap may apply. DVA / Workers' Compensation / Third party patients are covered for shared room only.

Admitting Dr's Surname	Initials	Suburb

PERSONAL DETAILS

Have you attended this Hospital as an in-patient or outpatient before? ☐ No ☐ Yes (under what name)..

If this admission is for a child, was the child born at this hospital? ☐ No ☐ Yes Mother's Name..

Title	Surname	Given Name(s)

Preferred Name	Previous Surname (if applicable)	Date of birth	Gender ☐ Male ☐ Female

Marital Status ☐ Married (including defacto) ☐ Single ☐ Widowed ☐ Separated ☐ Divorced — Home Ph

Unit No.	Street No.	Street Name	Work Ph

Suburb	P/code	Email address	Mobile

Postal address same as above ☐ Yes ☐ No

If No, postal address		Sydney Contact No.(s) if not from Sydney
Suburb	P/code	

Country of Birth	Country of Residence	Language spoken at home? ☐ English ☐ Other.............................. Interpreter Required ☐ No ☐ Yes

Indigenous status ***(please tick at least one box)*** ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither — Occupation — Religion

Usual GP's name	Address		Phone No.
	Suburb	P/code	Fax No. (if known)

PERSONS TO CONTACT

Name	Relationship	Home Ph
Street address (if different to above)		Work Ph
Suburb	P/code	Mobile

Name of other Emergency contact	Contact Phone No.(s)

PRIVATE HEALTH FUND

If you are claiming through the Department of Veteran's Affairs or Workers' Compensation please go to next page

Fund Name	Member No.	Table / Type of Cover	Relationship of patient to contributor
Contributor's Title	Surname	Given Name(s)	Home phone No.

Contributor's address if different from patient's personal street address?	P/code

Have you been in this fund / table for over 12 months? ☐ Yes ☐ No

If No, have you transferred from another fund? ☐ No ☐ Yes If Yes, which fund?...

Patients with less than 12 months membership in their fund / table may not be eligible for any benefits.

Return address: Sydney Adventist Hospital
Admitting Officer, Freepost 6, 185 Fox Valley Rd,
Wahroonga NSW 2076

* M R 1 A A P 1 *

ADMISSION FORM

MR 1 AA

Surname　　Given Names　　D.O.B.

OFFICE USE ONLY P2 OF MR 1 AA
ACN .... MRN ....

ENTITLEMENTS
Medicare / Safety Net / Veterans' Affairs

Medicare Card　Card No　　Medicare ID No Left of name　　Expiry ___ ___/___ ___

Other Card Type
- ☐ Pensioner Card
- ☐ Health Care Card
- ☐ C'wealth Senior Card

Expiry ___ ___/___ ___/____ ____

Safety Net Card
- ☐ Safety Net Entitlement
- ☐ Safety Net Concession

If you have a current Prescription Record Form, please bring this with you to the hospital as you may be eligible for benefits under the Medicare Safety Net Scheme.

If you do not intend to claim your hospitalisation costs through the DVA please complete Medicare Entitlement Section above

Veterans' Affairs
- ☐ Gold
- ☐ Orange*
- ☐ White

DVA No　　* (Pharmaceutical benefits only)

Expiry ___ ___/___ ___

White cardholders only: Your doctor must obtain approval from the Department of Veterans' Affairs prior to day of admission

WORKERS' COMPENSATION / PUBLIC LIABILITY / THIRD PARTY PATIENTS ONLY

Type of claim
- ☐ Workers' Compensation
- ☐ Third Party motor vehicle
- ☐ Public Liability

Date of accident / /	Name of Insurer at time of accident		Insurer's Claim No.
Insurer's address	P/code	Insurer's fax no.	Phone No.
WCC Cases only	Name of employer	Contact person	Phone no.

PERSON RESPONSIBLE FOR PAYMENT (if other than patient)

Name			
Postal address for account (if different to above)			Home Ph
Suburb	P/Code	Work Ph	Mobile

POWER OF ATTORNEY / ENDURING GUARDIAN / ADVANCE CARE DIRECTIVE
(a copy of these is required if applicable)

Do you have an Advance Care Directive? ☐ Yes ☐ No

Name of Enduring Guardian (if one appointed)	Phone No.
Name of Power of Attorney (if one appointed)	Phone No.

CONSENT TO USE PERSONAL INFORMATION

I understand that if I have any concerns about privacy, I may raise them when I come to the hospital for admission. I have read the section on the Sydney Adventist Hospital Personal Information & Privacy for Patients and understand my right to privacy and how my personal information will be used at the Hospital. I give consent to the use of my personal information as described in this Pre-Admission booklet. I understand that I may withdraw my consent at any time.

Signature .... Print Name .... Date ..../.........../..........

ACKNOWLEDGEMENT OF RIGHTS & RESPONSIBILITIES

I have read and understand the section entitled *Patients' Rights and Responsibilities* in this Pre-Admission booklet and will discuss any queries with staff.

Signature .... Print Name .... Date ..../.........../..........

CONFIRMATION OF COMPLETENESS OF FORM

I certify the information on this form to be true & complete to the best of my knowledge.

Signature .... Print Name .... Date ..../.........../..........

OFFICE USE ONLY

Hospital admission in the last 6 months (including SAH) ☐ Yes ☐ No

If Yes, which hospital?　　Reason

From ..../.........../..............
to ..../.........../................

If SAH, planned admission ☐ Yes ☐ No

MR1AAP2

SYDNEY ADVENTIST HOSPITAL

PATIENT HISTORY FORM

MRN	ACN
Surname	Given Names
Date of birth	Phone No.
Sydney contact phone no.	Mobile No.
Admission Date 20	Admitting Doctor

PATIENT HISTORY (*please circle* the appropriate answer *or tick* the appropriate box) **NB: Shaded area Staff only**

Please specify reason for this admission				
Is this admission the result of a past or present injury? If yes: Date of injury ..../......./..........		N	Y Specify cause .... Place (eg.school, home)..	
Endocrinology		Name of Specialist(s)		
Diabetes		N	☐ Type 1 Controlled by: ☐ Diet ☐ Injection ☐ Tablet ☐ Type 2	**Staff only**
If you are a diabetic & you monitor, are your blood sugar levels generally below 8 mmol/L		N	Y	
Thyroid problems		N	Y	
Low blood sugar		N	Y	
Cardiovascular System		Name of Specialist(s)		
Elevated cholesterol / triglycerides		N	Y	
High blood pressure / hypertension		N	Y	
Chest pain, angina		N	Y	
Heart attack(s)		N	Y	
Palpitations / heart murmur / irregular heart beat / AF		N	Y	
Previous deep venous thrombosis / pulmonary embolism / varicose veins		N	Y	☐ Need for anti- embolic stockings
Artificial implants / devices / grafts	Coronary artery bypass		Y Year..................	
	Coronary / vascular stent		Y Year.................	
	Artificial heart valve		Y Year....................	
	Pacemaker		Y Make.........................Model..................... Last checked..../...../...................................	
Heart failure / Congestive cardiac failure		N	Y	
Rheumatic fever / valve disease		N	Y	
Other cardiac problems		N	Y Specify	
Family history of cardiac disease		N	Y	
Respiratory System		Name of Specialist(s)		
Recent cold		N	Y	
Bronchitis / Asthma / Emphysema / Chronic obstructive pulmonary disease / Shortness of breath / bronchiectasis / asbestosis		N	Y Specify....................................... Do you use: ☐ Nebulisers ☐ Puffers ☐ Home Oxygen	
Any other lung problems		N	Y Specify	
Gastrointestinal System		Name of Specialist(s)		
Gastric ulcer / reflux / hiatus hernia		N	Y	
Jaundice		N	Y	
Hepatitis		N	Y Which type?	
Stoma		N	Y	☐ Record on MR 26AB
Haematology		Name of Specialist(s)		
Previous blood transfusion		N	Y Reason.. Last given	
Anaemia		N	Y	
Blood disorders / bleeding problems / bruise easily / clotting disorders		N	Y	
Do you take blood thinning / arthritis / aspirin based medication / Warfarin? **If Yes**		N	Y Specifiy	☐ Notify AMO if not ceased
Have you been instructed to cease this medication?		N	Y Date last taken ..../....../.........	

PATIENT HISTORY FORM

MR 26A

MR26AP1

Surname	Given Name	Date of birth	Office Use Only MRN ACN	

Neurology		Name of Specialist(s)	**Staff only**
Fits / faints / funny turns / epilepsy	N	Y	
Stroke / mini stroke / TIA	N	Y Any residual weakness If Y Type..	
Limb paralysis	N	Y☐ Right arm ☐ Left arm ☐ Right leg ☐ Left leg	
Speech / swallowing problems	N	Y	
Polio / meningitis	N	Y Specify..	
Previous falls / unsteady on feet	N	Y	☐ Ref. MR26AB &26AC
Short term memory loss / dementia	N	Y Specify.. **NB: If Yes, you may be asked to provide a family member or carer who must be in attendance for the hospital stay**	

Genitourinary system		Name of Specialist(s)	
Kidney trouble / dialysis / Renal impairment	N	Y	
Stomas	N	Y	☐Illustrate on MR 26AB
Bladder problems	N	Y ☐Urinary Incontinence ☐Frequency ☐Urgency ☐Pain	

Musculoskeletal system		Name of Specialist(s)	
Arthritis	N	Y	
Back / neck injury or problems	N	Y	
Metal plates / pins	N	Y Specify site...	
Hip, knee or shoulder replacements	N	Y Specify site .... ☐L ☐R Y Specify site .... ☐L ☐R	
Other implants / devices	N	Y Specify........................... ☐L ☐R	

General Health & Lifestyle			
Have you ever smoked?	N	Y Daily amount .... Date ceased ..../........../................	
Do you presently smoke?	N	Y ....per day	
Do you drink alcohol?	N	Y ....standard drinks per day	*NUR POL S03 D043*
Past history of drug dependency	N	Y Specify	
Do you have chronic pain?	N	Y Specify	☐ Ref to MR26AB
Disturbed sleep pattern / Sleep apnoea	N	Y ☐CPAP used ☐Sedation	
Do you exercise regularly?	N	Y	
Infections	N	Y	
Depression / mental illness / anxiety attacks	N	Y	
For female patients - are you pregnant?	N	Y ....weeks	

Summary of previous history			
Previous surgery	N	Y Please specify below	
Eg. Coronary artery bypass, brain, liver or pancreatic surgery, Hip replacements, transplants	Year	Specify	
	Year	Specify	
	Year	Specify	
	Year	Specify	
	Year	Specify	
	Year	Specify	
Problems with anaesthetics (self or family) eg. Malignant hyperthermia	N	Y If Yes ☐Self ☐ Family Specify	☐If yes, advise Anaesthetist
Cancer	N	Y Date........./........./............... Site.. Treatment ☐Surgery ☐ Chemotherapy ☐ Radiotherapy	
Transplants	N	Y Specify	

Other			
Do you have Creutzfeldt-Jakob Disease (CJD)?	N	Y	☐If yes, notify bookings x 9908
Have you had Human Pituitary Growth Hormone prior to 1985?	N	Y	
Have you had neurosurgery prior to 1985?	N	Y	

MR26AP2

Prosthetics / Aids / Other

Staff only

Whilst all care will be taken SAH does not accept responsibility for valuables or personal belongings. Please label where applicable.

For DOSAC see Theatre checklist

			N /A	Kept at own risk	Ward Storage	Taken home by: **(Signature)**
Visual aids	N	☐Glasses ☐Contact lenses ☐Sight impaired ☐Eye Prosthesis	☐	☐	☐	
Hearing aids	N	☐Left ☐Right	☐	☐	☐	
Walking aids	N	Y Specify	☐	☐	☐	
Dentures	N	☐Upper ☐Partial ☐Full ☐Lower ☐Partial ☐Full	☐ ☐	☐ ☐	☐ ☐	
Other	N	Y Specify .... ☐Left ☐Right	☐	☐	☐	

Dietary Requirements

Do you have a special diet? ☐ No ☐Yes
If Yes, Specify

☐Diet office contacted

Allergies & Sensitivities

Please document any known allergies or sensitivities eg. medications, latex plants, tape

Allergies	Sensitivities	Reaction

Staff only
☐Red Allergy Band Applied

Food allergy

☐Diet office contacted

Your current Medications

Please include tablets, capsules, puffers, nebulisers, patches, insulin, eye drops. *Consult your GP or surgeon if you are unsure of any details about your medications or which medications should be ceased prior to your surgery.* ***Bring to the hospital all current medication you are taking, in their original individual packaging (ie. not in Webster or Doset packs)***

Prescription Medication	Strength	Route eg oral	Dose	Frequency morning	midday	evening	night	For Long Stay pts only Last taken	Brought in by patient
Geranin *Example*	100mgs *Only*	Oral	2 tablets	√	*Example*	√	*Only*		

If you are taking any non-prescription medication eg. Complementary therapies, natural therapies, herbal preparations or vitamins, please specify
NB: All complementary medicine should be ceased 10 days prior to admission (unless otherwise instructed by your doctor)

Non- Prescription Medication	Strength	Route (eg.Oral)	Dose	Frequency morning	midday	evening	night	Last taken	Brought in by patient

Has patient brought own stock (including complementary therapies) to hospital? ☐Yes ☐ No ☐ N/A
If Yes ☐Sent home ☐ Schedule 8 cupboard ☐ Patient medication drawer ☐ With patient belongings **(DOSAC ONLY)**

DISCHARGE PLANNING (for Day Patients Only)

Who will be taking you home and be with you for 24 hours?

Name	Relationship
Best contact phone no.	Or mobile no.

For Day Surgery Patients go to Page 4 and complete signature section at bottom of page.
For all other patients complete remaining sections on Page 4 (NB shaded section for staff only)

Surname	Given Name	Date of birth	Office Use Only P4 of 4 MRN ACN

Height and Weight details

			Staff only: Answer	Score	
Q1 What is your **weight?** ....kg	**Q3** Have you lost weight recently without trying?	☐ Yes ☐ No ☐ Unsure	If No If Unsure	0 2	If the score is 3 or more please refer to Dietitian ext.9573 ☐ Notified
	Q4 If Yes, how much weight have you lost?	☐ 0.5 to 5.0 kg ☐ > 5.0 - 10.0 kg ☐ > 10.0 - 15.0 kg ☐ > 15 kg ☐ Unsure	0.5 to 5.0 kg > 5.0 - 10.0 kg > 10.0 - 15.0 kg > 15 kg Unsure	1 2 3 4 2	If applicable please refer to Larger Patient Policy *NUR-POL -SO3-D040*
Q2 What is your **height?** ....cm	**Q5** Have you been eating poorly because of decreased appetite or nausea?	☐ No ☐ Yes	No Yes	1 2	**Total Score**

Discharge Planning

			Staff use only
Do you have problems caring for yourself at home?	☐ Yes	☐ No	If Yes to any question refer to Continuing Care / Case Manager
Do you live alone?	☐ Yes	☐ No	
Do you care for someone else?	☐ Yes	☐ No	
Do you receive community services? **If Yes,** ☐ Nurses ☐ Home Care ☐ Meals on Wheels	☐ Yes	☐ No	☐ Notified

Adopted from NSW DOH Final report of the Development of a Risk Screening Tool for Service Needs Following Discharge From Acute Care Project

Valuables (staff only)

whilst all care will be taken SAH does not accept responsibility for valuables or personal belongs

Personal property	☐ N / A	☐ Kept at own risk	☐ Ward storage	☐ Taken home by ....(sign.)
Valuables	☐ N / A	☐ Kept at own risk	☐ Ward storage	☐ Taken home by ....(sign.)

☐ **Cash exceeding $100 placed in hospital safe** **Patient / Carer to sign** ....

Orientation to Ward (staff only)

	Init		Init		Init		Init		Init
ID Band		Visiting Hours		Meal times		Toilet / Bathroom		Bed Controls	
Lounge Room		Fire Exits		No Smoking Policy		Telephone		TV / Radio / CH3	
Staff uniforms		Call bell / pager system		Introduced to neighbouring patient	☐ Yes ☐ No ☐ N / A				

Name of Admitting Nurse

Signature .... Print Name ....Designation .... Date / /

Patient History form reviewed by: (PAC staff)

Signature .... Print Name ....Designation .... Date / /

Patient History form reviewed by: (DOSAC staff)

Signature.. Print Name ....Designation ....Date / /

SIGNATURE

PATIENT / CARER

I have carefully read all the above and I certify that the information I have given is correct and true to the best of my ability.

Signature ....

Date ..../............/..................

Form completed by:

Patient ..../Sign.

Carer ..../Sign.

Admitting Nurse........................../Sign.

MR26AP4

ANAESTHESIA FOR YOUR PROCEDURE

Virtually all procedures require some form of anaesthesia administered by an anaesthetist. All anaesthetists accredited to work at Sydney Adventist Hospital are specialists. There are no trainee anaesthetists at SAH.

Your anaesthetist personally looks after your comfort, safety and well being before, during and after your procedure.

TYPES OF ANAESTHESIA

General anaesthesia – you are put into a state of reversible loss of consciousness.

Regional anaesthesia - a nerve block numbs the part of the body on which the surgeon operates. You will be awake but free of pain.

Local anaesthesia - a local anaesthetic is injected at the site of the surgery to cause "local" numbness. Again, you will be awake but free of pain.

With regional and local anaesthesia, the anaesthetist may administer a drug to make you relaxed, drowsy or fast asleep.

YOUR ANAESTHETIST MUST KNOW ALL ABOUT YOU

You will be seen by your anaesthetist before your procedure. Some anaesthetists will request that you contact them or make an appointment to see them, either in the Pre-Admission Clinic or in the anaesthetist's private rooms.

Please carefully complete the Patient History form, as the information on this form will be used by your anaesthetist to assess your specific anaesthetic requirements. Please take special care to record:

- All medications you are taking, the dose you are taking and how often you are taking the medications, including any complementary (herbal / alternative) medicines
- Any serious medical problems such as heart disease, asthma or diabetes
- Any allergies or drug sensitivities
- Usage of recreational drugs, tobacco or alcohol
- Past anaesthetic experiences
- Loose or broken teeth, caps, plates, implants or dentures.

All this is important in minimising risk and may influence the type of anaesthetic provided.

PREPARING FOR YOUR ANAESTHETIC

There are several simple things that you can do to improve your general condition prior to your procedure:

- Moderate exercise such as walking will improve your general physical fitness and aid your recovery
- Cease smoking as soon as possible, ideally, six weeks prior to surgery
- Reduce alcohol consumption
- Carefully follow the fasting and medication instructions on page 2 of this booklet. If these instructions are not followed, your procedure may have to be postponed in the interest of your safety
- Contact your surgeon or anaesthetist if you have any questions or concerns, or are anxious about your anaesthesia.

THE DAY OF YOUR PROCEDURE

Make sure that you have been given full written instructions on preparation for your procedure in advance. If you have any doubts, contact your anaesthetist, surgeon or the Hospital.

Before going to the operating theatre or procedure room, you may be given some medication to relax you. Just before your procedure, an intravenous needle will be inserted. You may be given oxygen to breathe through a face mask while you are going to sleep.

Your anaesthetist will remain with you throughout your procedure. As well as administering the anaesthetic, he or she will diagnose and treat any irregularities which may arise.

AFTER YOUR PROCEDURE

When your procedure is complete, your anaesthetist will reverse the anaesthetic effects and deliver you to the recovery room where you will be monitored until it is deemed safe to deliver you to the ward.

Pain is very individual and your comfort after the procedure is of utmost importance to the team caring for you. If you have concerns at any time, do not hesitate to make them known.

SIDE EFFECTS AND COMPLICATIONS OF ANAESTHESIA

Modern anaesthesia is extremely safe. However, every anaesthetic carries the risk of unforeseen events or complications. Anaesthetic risks are thought of in terms of side effects and complications.

Side effects are secondary effects of a drug or treatment. Examples would be a sore throat or sickness after a general anaesthetic.

Complications are unexpected and unwanted events due to a treatment. Examples would be an unexpected allergy to a drug or damage to your teeth caused by difficulty in placing a breathing tube.

SIDE EFFECTS AND COMPLICATIONS

'Very common' and 'common' side effects and complications can be experienced in 1 in 10 through to 1 in 100 cases.

(General & Regional Anaesthetics): feeling sick and vomiting after surgery; dizziness; blurred vision; shivering; headache; itching.

(General Anaesthetic): sore throat.

'Uncommon' side effects and complications (1 in 1000 cases)

(General & Regional Anaesthetics): chest infection; bladder problems; slow breathing (depressed respiration); damage to teeth, lips or tongue; existing medical condition could get worse.

(General Anaesthetic): muscle pains; awareness. (If you are very ill, the anaesthetist may use a combination of muscle relaxants and a lighter general anaesthetic to reduce the risks to you. If this occurs, the risk of your being aware of what is going on is increased).

'Rare or very rare' complications (1 in 10,000 through to 1 in 100,000 cases)

(General & Regional Anaesthetics): serious allergy to drugs; nerve damage; equipment failure; stroke; respiratory failure; heart attack and death. (Deaths caused by anaesthesia are very rare, and are usually caused by a combination of four or five complications arising together. In Australia, deaths due to non-emergency anaesthetics are 2 in a million and 4 in a million for emergency surgery (the majority of these are for patients with pre-existing medical conditions).

(General Anaesthetic): Damage to the eyes.

Adapted with permission: Index of Side Effects and Complications in Anaesthesia Explained (2nd Ed., Jan 2003), The Association of Anaesthetists of Great Britain and Ireland.

You can obtain further information about aspects of Anaesthesia from the leaflet "Anaesthesia for your Procedure" which is available from the hospital's admission areas or from the Pre Admission Clinic. This leaflet and a range of other educational materials is also available via the hospital website www.sah.org.au.

YOUR ANAESTHETIST'S FEES

Your anaesthetist will send you a separate account for his or her services. This includes patients who have been admitted through the hospital's Emergency Care Department. The Australian Medical Association and the Australian Society of Anaesthetists recommend that anaesthetists use their Relative Value Guide when determining their fees. You should therefore be aware that there may be a significant difference between your anaesthetist's fee and the combined Medicare / health fund rebates. Unless alternative arrangements are made, payment of this "gap" is your responsibility.

If you require further information, you should discuss the fee that will be charged for anaesthesia services with your anaesthetist before the day of surgery. If your account is to be paid by a third party (e.g. workers' compensation or Department of Veterans' Affairs), please let your anaesthetist know as early as possible.

BLOOD TRANSFUSION

Although blood collected from donors is carefully screened and tested, there is still a very slight chance (1 in 2.5 million) that it may contain one of the viruses that cause AIDS and hepatitis. As a result the use of blood transfusion has reduced considerably. If you are having a major operation you should ask your surgeon or anaesthetist if there is a chance that you will need a blood transfusion. It may be possible to collect and store your own blood in advance for use during or after your operation.

At Sydney Adventist Hospital, very sophisticated equipment is available for the collection, washing, and re-transfusion of a patient's own blood lost during certain types of major surgery. Do not hesitate to enquire about this if you feel it applies to you and has not been offered.

ARE YOU AT RISK OF BLOOD CLOTS?

Some people have risk factors that predispose them to blood clots. Ask your doctor about your risk factors and recommended treatment. For more information, contact your doctor or visit the website for the 'Stop the Clot' brochure. www.sah.org.au/patient.forms.asp (Stop the Clot)

HOSPITAL POLICIES

NO LIFT POLICY

The "No Lift System" has been implemented by SAH to protect both patients and staff from injuries resulting from unsafe lifting practices and procedures. Please comply with hospital personnel's instructions in regard to moving or relaxing yourself, as special lifting equipment and techniques may be required to move or transfer you from one position to another safely.

SMOKING AND ALCOHOL POLICY

Sydney Adventist Hospital is a smoke free and alcohol free campus. Smoking is not permitted in the buildings or grounds.

PATIENTS' RIGHTS & RESPONSIBILITIES

Sydney Adventist Hospital is committed to delivering the highest possible standard of health care. A patient has certain rights when seeking medical treatment and care, and also has responsibilities relating to that treatment and care.

PATIENTS' RIGHTS

Access to Care

You have the right to:

- Receive treatment appropriate to your health needs
- Request a doctor of your choice
- Request a second opinion

Standard of health

You have the right to:

- Treatment directed and supervised by competent and qualified health professionals
- Know the names and professional status of staff providing care
- Dignity, courtesy and respect in all interactions with staff

- Care, treatment and service which is sensitive to your cultural and religious values and beliefs

Parents/guardian have the right to:

- Exercise all rights if you are the parent or guardian of a child
- Choose to stay with your child at all times, except when clinical reasons dictate
- Make decisions regarding consent to treatment of your child if under 14 years. After this age children may seek treatment and provide consent or make decisions jointly with their parents/guardian

Resolution of Concerns

- If you have concerns about any aspect of your care you have the right to make a complaint or report an incident
- You will not be adversely affected by making a complaint or reporting an incident
- Please refer to the Feedback section at the back of this booklet for detail about how to make a complaint or report an incident.

Informed consent

Patients have the right to:

- Refuse recommended treatments
- Choose which of the treatments offered they wish to take
- Withdraw consent to treatment at any time
- Refuse to have treatment, which is experimental
- Leave the hospital at any time. If they leave without hospital consent, the patient is responsible for any injury or illness caused or aggravated by their own action
- Provide consent before any treatment commences except in circumstances permitted by law

Right to information

You have the right to access information contained in your medical record. Sydney Adventist Hospital provides such access in accordance with relevant legislative and policy guidelines. While in hospital you may contact your nursing unit manager for assistance, or after discharge contact the Medical Records department.

PATIENTS' RESPONSIBILITIES

You have the responsibility to:

- Find out about your condition and treatment, including the range of treatments that may be available to you;
- Know your medical history including details of any medication you are taking;
- Answer questions about your health frankly and honestly;
- Discuss any problems you feel may be affecting your health or medical condition;
- Provide comprehensive and accurate health information to enable optimal care;
- Cooperate fully with the doctor and clinical team in all aspects of your treatment;
- Follow your treatment and inform your provider when you are not able to do so;
- Keep appointments or let the provider know when you are unable to attend;
- Pay the fees of the hospital and your attending doctor;
- Consider the rights of other patients and staff members.

If you are aware of any particular condition that may cause undue harm to other patients or staff, this should be disclosed at time of admission. When a health care worker becomes aware that a risk to public safety exists while managing a patient, they will be excused from breaching confidentiality when they disclose information about this risk in order to protect the public.

PERSONAL INFORMATION AND PRIVACY FOR PATIENTS

Sydney Adventist Hospital (SAH) recognises and respects every patient's right to privacy. We will collect and use the minimum amount of personal information needed for us to ensure that you receive a high level of health care. SAH will always endeavour to manage your information to protect your privacy.

Personal information we usually hold:

- Your name, address, telephone and email contact details
- Health fund details
- Date and country of birth
- Next of kin
- Occupation
- Health information
- The name and contact details of your General Practitioner and your referring doctor
- Returned Service information
- Religious beliefs or affiliations (if provided)
- Marital status
- Transaction details associated with our services
- Indigenous status and language spoken at home (for the Department of Health).

What we do with personal information:

1. We will collect it discreetly.
2. We will store it securely.
3. We will only provide your personal information to people involved in your care

   We ask all doctors who wish to consult with other health care providers outside SAH to also protect your right to privacy. But we do not control your information in this case and maintaining your privacy there will depend on them.
4. We will provide relevant information to your health fund, or the Department of Veterans' Affairs, Medicare Australia, Cancer Council, NSW Department of Health or to other entities when we are required by law to do so.
5. After removing details that could identify you, we may use the remaining information to assist with research and service improvement projects. We are also required to provide this kind of information to government agencies.
6. SAH is a teaching hospital and we may use personal information in the training and education of medical, nursing and other allied health students.
7. We will destroy our record of your information when it has become too old to be useful or when we are no longer required by law to retain it.
8. We may use the information to contact you. By providing your email address, we assume permission to use this address for administrative communications (for example, receipts) regarding your hospital visit. We will not send your health information via email.

CHAPLAINS

Sydney Adventist Hospital is a Christian hospital and we are committed to holistic care, including your spiritual needs while you are here.

Chaplains are part of our care team and accredited clergy from the community regularly visit the hospital.

You may request a visit from a representative of your faith, or you may request that no chaplain or visiting clergy call on you while you are a patient here.

SAH NEWSLETTERS AND OTHER MAILED INFORMATION

In the future SAH may send you information about our programs, services and activities. If you do not wish to receive this information, you may notify us at any time. SAH mail outs to you will cease as soon as possible after your notification.

Your rights

1. You may give consent for us to use your personal information to provide you with health care services, or you may withdraw consent at any time.

If you withdraw consent for SAH to use your personal information, this may reduce our ability to provide you with services.

2. You may ask us to limit access to your information.

   If you have a specific requirement for restricting access by someone to your information, please inform us about this as soon as possible.

3. You may ask us to give you (or another individual) access to your personal information. In most cases we will allow you to have access to your personal information. We may also provide a person to assist you and we may charge a fee for providing printed copies of reports.

   We may not provide you (or your responsible person) with access to your personal information if a doctor feels that it may be harmful to do so.

4. You may ask us to correct any error in your personal information.

5. You may make a privacy-related complaint if you feel that the Hospital has not kept your information confidential or has not maintained your privacy - by telephoning the SAH Privacy Officer on (02) 9478 9221, or extension 9221 if you are in the Hospital.

   Or you can write to:

   The Privacy Officer
   Sydney Adventist Hospital
   185 Fox Valley Rd
   Wahroonga NSW 2076.

   Or you may send an email to:

   privacy@sah.org.au

   You may contact the Privacy Commissioner if you are not satisfied that the Hospital has resolved your complaint.

FEEDBACK

Sydney Adventist Hospital values patient feedback. If you have a complaint, suggestion or wish to report an incident or to give a compliment, there are several options.

- Use the feedback form in your room, in the Day Surgery Discharge Lounge, or download the form from the website at www.sah.org.au
- Speak to the person in charge of the ward or department, usually the Nursing Unit Manager.
- Should you prefer to speak to someone outside the department, please contact the SAH Quality Management Department during office hours Monday to Thursday on telephone (02) 9487 9744 or extension 9744 if you are in the Hospital or you can write to:

  The Quality Manager
  Sydney Adventist Hospital
  185 Fox Valley Road
  Wahroonga NSW 2076

  or you may send an email to:

  customerfeedback@sah.org.au

- For after hours or weekends, please contact the Duty Manager on 9487 9888 (external) or extension 9888 (internal)

Further information can be obtained by visiting the hospital website at www.sah.org.au. For patients staying overnight, further information regarding SAH and it's services can be found in the Patient Information Booklet located at each bedside.

OTHER CONTACT INFORMATION

Admission Enquiries	02 9487 9903
Pre-Admission Clinic	02 9487 9115
Patient Accounts	02 9487 9900
Emergency Care	02 9487 9000
Jacaranda Lodge (onsite, low cost accommodation)	02 9487 9066
DOSAC (for admission time, day of surgery admission patients)	02 9487 9113

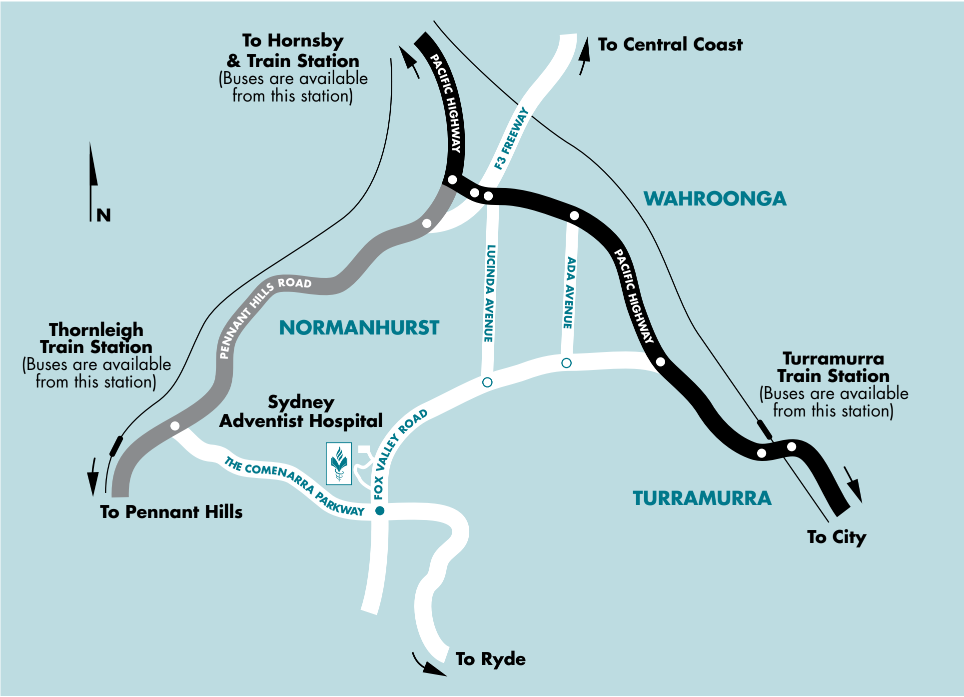
YOUR GP

YOUR SPECIALIST

YOUR ANAESTHETIST

YOUR PRE ADMISSION CLINIC APPOINTMENT TIME/DATE

YOUR ADMISSION TIME/DATE



GETTING TO HOSPITAL

TRANSPORT

- Buses and Trains – regular bus services run to Sydney Adventist Hospital from Turramurra and Hornsby (North Shore Line) and Thornleigh stations (Northern Line). For timetable information, contact the Transport Infoline on 131 500.
- Taxis - there are taxi ranks at Hornsby, Wahroonga and Turramurra railway stations.
- Car – see map above. Car parking facilities are available at SAH at reasonable rates. Pay stations are located in San Clinic parking station at Levels 2 and 4 and at SanLink bus stop (adjacent to the outdoor carpark). These accept credit cards or cash, however, only credit cards will be accepted at the boom gates. Limited street parking is also available. Please enter via the main hospital gates (at the traffic lights) unless otherwise instructed.

In some circumstances, your ticket may be validated for the reduced Outpatient parking fee, for example, if you are a regular visitor to the hospital for a course of treatment or you are seeing a specialist at San Clinic. The Department you are attending will advise you if ticket validation is available.

SYDNEY ADVENTIST HOSPITAL LTD ABN 76 096 452 925
Admitting Officer, Freepost 6, 185 Fox Valley Road, Wahroonga, NSW 2076
General enquiries: (02) 9487 9111 Patient Admission Fax: 1800 009 522 Doctor Booking Fax: 1800 009 111
Admission enquiries: (02) 9487 9903
Website: www.sah.org.au

0241/PS/0309/SAH For re-ordering, please quote: GP 1301