



SYDNEY
ADVENTIST
HOSPITAL

Pre Admission Booklet

SYDNEY ADVENTIST HOSPITAL

*Thank you for choosing
Sydney Adventist Hospital for your care.*

SYDNEY ADVENTIST HOSPITAL

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

PLEASE NOTE

SAH draws your attention to important information about hospital fees and gap payments contained in the pre admission booklet and hospital estimate form. Please be aware that SAH cannot guarantee you will be allocated your preferred room type. SAH may also require you to move rooms during your admission, including to a room other than the type you have requested, when it is necessary because of operational requirements or to meet clinical need. You will be charged based on the type of room you occupy during your admission. Please note that you will be responsible for any gap payments if your health insurance does not cover private room fees.



e-ADMISSIONS

SYDNEY ADVENTIST HOSPITAL

To allow us to process your admission promptly,

PLEASE COMPLETE YOUR FORMS ONLINE AT

<https://eadmissions.sah.org.au>

This will also allow you to easily resubmit your details in the future if necessary.

If you are attending the Pre-Admission Clinic, please complete your forms online prior to your appointment (see page 1 for further detail about the Pre-Admission Clinic).

If you choose to complete your forms manually, please remove these forms from the booklet and return them as soon as possible.

- 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).

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.

- Patient only 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.

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

Thank you for choosing Sydney Adventist Hospital.

Sydney Adventist Hospital is a division of Adventist HealthCare Limited.

Adventist HealthCare Limited, is owned by the Seventh-day Adventist Church, and is a 'Not-For-Profit' organisation that operates a number of healthcare businesses including: Sydney Adventist Hospital, Dalcross Adventist Hospital, San Day Surgery Hornsby, and San Diagnostics & Pharmacy .

The organisation originated with the opening of 'Sydney Sanitarium' in 1903 - a place of health and healing where people learned to stay well. Sydney Adventist Hospital, fondly referred to as 'The San', is NSW's largest private hospital and remains the organisation's Australian flagship institution.

With over 110 years of service to the community, caring for our patients needs is our first priority. This spirit of caring is reflected in our mission, "Christianity in Action - caring for the body, mind and spirit of our patients, colleagues, community and ourselves". We aim to care for individuals in a holistic manner, promoting healthy living, providing state-of-the-art acute healthcare, and touching people's lives through our compassionate and expert care.

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.

Please bring your current medications with you to hospital (see Pg 2 'What to Bring' for further detail).

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, blood thinning, anti-coagulant 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.

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/Download-Your-Forms

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 as follows).

If you are being admitted the **day before your procedure**, attend the main reception area (foyer) on Level 4, between 3.00pm and 5.00pm, 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 / Centrelink concession card and Health Fund cards
- **Medications**
 - All your medicines, in normal packaging (i.e. original containers) and any blister (Webster) packs
 - Any non-prescription/herbal medicines regularly being used
 - All your current prescriptions, including PBS Authority prescriptions
 - Contact details of your regular pharmacy

Please note that you may be charged for medications that are unrelated to your stay and any medications taken home on discharge as per your health fund agreement

- Any **paperwork** not already forwarded to the Hospital
- **Relevant x-rays, scans or films**
- **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.

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.

ACCOMMODATION PREFERENCE AND PRIVATE ROOM FEES

While all efforts are made, SAH is not able to guarantee that your accommodation preference will be granted. Room allocations will be based on availability and clinical need as appropriate.

Please note that gap payments will apply for private rooms if your private health insurance does not cover private room fees. Due to the limited number of shared rooms at SAH, this also applies if you request a shared room and you are allocated a private room.

During your admission, SAH may require you to move rooms, including to a room other than the type you have requested. This may occur because of operational requirements or to meet clinical need. You will be charged based on the type of room you occupy during your admission. You will be responsible for any gap payments if your health insurance does not cover private room fees.

Payment of private room co-payments prior to admission does not guarantee that your preference for a private room will be met. In the event that you are allocated a shared room SAH will refund your private room co-payment when your account is settled.

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 & STAY

Your admission will be processed in one of the following admission centres;

Surgical Centre

For day surgery, day of surgery admissions, paediatric admissions, and maternity admissions (Inductions & Caesarian Sections)

Day Procedures Centre

For day procedures such as Endoscopy, Colonoscopy, Bronchoscopy and procedures performed in the Radiology Department.

Level 4 Clifford Tower Patient Services Area

For patients being admitted the day prior to surgery, for non-surgical care, sleep studies and procedures performed in the Cardiac Catheterisation Laboratory.

The above areas are all located on Level 4 of the hospital. When parking in the main (multi-deck) car-park, proceed to Level 4 either directly from Level 4 of the car-park or via the lifts from other levels. Please note that there is no lift access from Level 2a of the multi-deck car-park. If entering via the new main entrance / patient drop off / pick up area on Level 2, please proceed to Level 4 via the lifts.

For patients attending either the Day Infusion Centre (for infusion, transfusion, chemotherapy) or the Renal Dialysis Unit, please attend the Level 4 Day Procedures Centre for your first admission in a course of treatment or if you need to make a payment. For additional attendances, please proceed directly to the Day Infusion Centre or Renal Dialysis Unit for admission.

For patients attending the Radiology Department, please present to the Level 4 Day Procedures Centre 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.

Visit www.sah.org.au for further information on how to find us, parking and hospital campus maps or see reception staff.

VISITING HOURS

Visiting hours are 10:00am to 8:00pm

We believe that family and friends are important to patient recovery. Should you wish a family member to visit outside of these hours please discuss this with the nursing staff.

ACCOMMODATION FOR VISITORS

Jacaranda Lodge offers affordable and comfortable accommodation for patients and their families/carers who may wish to stay within the Hospital grounds. There are opportunities for families to meet and share with others undergoing similar experiences. Jacaranda Lodge also provides access to hospital-based support services.

Enquiries can be made by contacting (02) 9487 9066.

LEAVING HOSPITAL

For overnight patients – discharge is before 10:00 am

Commencing upon your admission, your health care team will begin to plan for your safe discharge. Your health care team will keep you informed of your progress, and communicate with you the most appropriate discharge destination. The majority of patients will return home. Some patients may require community support services, a transfer to another facility or require rehabilitation. Your health care team will assist to make the necessary arrangements, including any home care.

If you think you will require any assistance, please speak to your Nurse, Case Manager or Social Worker.

You will need to arrange your own transport home, so plan your transport well before discharge. Also, please consider the need for someone to accompany you home.

If you are unable to leave by 10:00am, please notify the Nursing Unit Manager. The discharge lounge is located on Level 4, and is available for you to wait until your transport arrives.

For day patients – You will require someone to drive or accompany you home. Please ensure that you arrange your transport prior to admission.

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.

KNOW YOUR RIGHTS AND RESPONSIBILITIES AND HOW TO MAKE COMPLAINTS OR COMPLIMENTS ABOUT YOUR CARE.

SAH supports the Australian Charter of Healthcare Rights. As a patient you have both rights and responsibilities related to medical treatment. Please ensure that you take the time to read and understand the information provided on Pages 8-12 of this booklet.

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

MRNACN.....

AMO Name please print

Family Name

Given Name(s)

D.O.B

Doctor to complete this form

Patient Details	Title	Family Name	Given Name(s)
Date of birth	Unit / Street No./ Street Address		Home Ph
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Suburb	P/Code	Mobile Ph
Clinical Details	Provisional Diagnosis		
* VTE Prophylaxis	Chemical <input type="checkbox"/> Yes <input type="checkbox"/> No Mechanical <input type="checkbox"/> Stockings <input type="checkbox"/> SCD <input type="checkbox"/> No If No, state reason.....	Co-morbidities (leave blank if 'No')	
Diabetes	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 2 on insulin		
Confirmed MRO	(MRSA, VRE, ESBL, MRAb) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Latex allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Weight	NB patients > 180kg cannot be admitted: <input type="checkbox"/> < 110 kg <input type="checkbox"/> 110-140 kg <input type="checkbox"/> Weight > 140kg		
Other allergies	Other known infectious risk		
Admission details	Admission date 2 0	<input type="checkbox"/> Day only OR <input type="checkbox"/> Overnight expected <input type="checkbox"/> nights	<input type="checkbox"/> Post op. ICU bed required Transfer <input type="checkbox"/> Other hospital <input type="checkbox"/> Nursing Home
	Pre-admission by: <input type="checkbox"/> SAH PAC <input type="checkbox"/> AMO <input type="checkbox"/> diagnostic results following		
Procedure Details	Operation /Procedure Date 2 0	Time of list <input type="checkbox"/> AM list <input type="checkbox"/> PM list	Location <input type="checkbox"/> Cath Lab <input type="checkbox"/> Endoscopy <input type="checkbox"/> Radiology <input type="checkbox"/> Theatre <input type="checkbox"/> Image Intensifier required <input type="checkbox"/> Navigator probe required
Planned Procedure(s)		CMBS Item No.(s)	
Planned Surgical Assistant Name			
Equipment Details	Implantable device <input type="checkbox"/> Implanting device <input type="checkbox"/> Removing device	Type Company <input type="checkbox"/> Contacted	Type Company <input type="checkbox"/> Contacted
Will the prosthesis used attract a gap payment? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, gap estimate \$.....		Has informed financial consent been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient Signature
Pre-operative consultation	Anaesthetist	Other instruction notes	
	Physician		
	<input type="checkbox"/> Case Manager <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Dietitian		
	<input type="checkbox"/> Discharge Planner <input type="checkbox"/> Social Worker <input type="checkbox"/> Stomal therapist	<input type="checkbox"/> Cytotoxic to be used	
Pre-operative tests	Please organise the following tests <input type="checkbox"/> Pathology <input type="checkbox"/> Radiology <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> ECG		
Required test (s)			
Could this patient be pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tests to be performed prior: Copies to:		
<input type="checkbox"/> Consent to Medical / Surgical Treatment completed		<input type="checkbox"/> Medication orders at admission (see over)	
AMO Signature			Date/...../20.....

PERF & PUNCH POSITIONING AS PER PREVIOUS BOOKLETS

Doctor / Secretary only:
FOR ALL ADMISSIONS 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.



HOSPITAL BOOKING LETTER

MR 1AB



CONSENT TO MEDICAL OR SURGICAL TREATMENT

	MRN	ACN
Family Name	Given Name(s)	
Admission Date	Admitting Doctor	
	2	0

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..... / /20.....
 (Signature)

Patient (Name) Date..... / /20.....
 (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..... / /20.....
 (Signature)

Person Responsible..... (Name) Date..... / /20.....
 (Signature)

PERF & PUNCH POSITIONING AS PER PREVIOUS BOOKLETS

Please fax copy to Hospital Bookings 1800 009 111





ADMISSION FORM

This form can be completed online at <https://eadmissions.sah.org.au>

office use only

MRN	<input type="text"/>	ACN	<input type="text"/>
Form		Date received	
<input type="checkbox"/>	MR1AB HBL	/	/20
<input type="checkbox"/>	MR26A Patient History	/	/20
<input type="checkbox"/>	MR1C Consent	/	/20
<input type="checkbox"/>	MR1AA Admission form	/	/20
Advised costs		<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERF & PUNCH POSITIONING AS PER PREVIOUS BOOKLETS

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

THIS HOSPITAL VISIT	Date of Admission	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0		Preferred accommodation (please tick)	
	Date of Procedure	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0		<input type="checkbox"/> Single Room	<input type="checkbox"/> Shared Room (Not available for Maternity or Day patients Only)
<i>SAH cannot guarantee that your accommodation preference will be granted as room allocations are based on availability and clinical need. Gap payments will apply for private rooms if your insurance does not cover private room fees. This also applies if your preference is for a shared room and you are allocated a private room.</i>					
Admitting Dr's Surname			Initials	Suburb	
PERSONAL DETAILS	Have you attended this Hospital as an in-patient or outpatient before?			<input type="checkbox"/> No	
				<input type="checkbox"/> Yes (under what name).....	
If this admission is for a child, was the child born at this hospital?			<input type="checkbox"/> No		<input type="checkbox"/> Yes Mother's Name.....
Title	Family Name		Given Name(s)		
Preferred Name		Previous Family Name (if applicable)		Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status			Home Ph		
<input type="checkbox"/> Married (including defacto) <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced					
Unit No.	Street No.	Street Name		Work Ph	
Suburb		P/code	Email address		Mobile
Postal address same as above		If No, postal address		Sydney Contact No.(s) if not from Sydney	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Suburb		P/code	
Country of Birth		Country of Residence		Language spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Other.....	
				Interpreter Required <input type="checkbox"/> No <input type="checkbox"/> Yes	
Indigenous status (please tick at least one box)			Occupation		Religion
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither					
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	<i>If you are claiming through the Department of Veteran's Affairs or Workers' Compensation please go to next page</i>				
	Fund Name		Client / Membership No.		Relationship of patient to contributor
	Contributor's Title		Family Name		Home phone No.
			Given Name(s)		
	Contributor's address if different from patient's personal street address?				P/code
Have you been in this fund / table for over 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If No, have you transferred from another fund? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, which fund?.....	
<i>Patients with less than 12 months membership in their fund / table may not be eligible for any benefits.</i>					



ADMISSION FORM

MR 1 AA

ENTITLEMENTS
Medicare / Safety Net / Veterans' Affairs

Medicare Card	Card No <input style="width:100%;" type="text"/>	Medicare ID No <input style="width:100%;" type="text"/>	Left of name <input style="width:100%;" type="text"/> Expiry ____/____/____
Other Card Type	<input type="checkbox"/> Pensioner Card <input type="checkbox"/> Health Care Card <input type="checkbox"/> C'wealth Senior Card		Expiry ____/____/____
Safety Net Card	<input type="checkbox"/> Safety Net Entitlement <input type="checkbox"/> 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	<input type="checkbox"/> Gold <input type="checkbox"/> Orange* <input type="checkbox"/> White	DVA No <input style="width:100%;" type="text"/>	* (Pharmaceutical benefits only) Expiry ____/____/____
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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

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 understand that my contact details may also be given to the Sydney Adventist Hospital Foundation. 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**/...../20.....

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**/...../20.....

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**/...../20.....

OFFICE USE ONLY	Hospital admission in the last 6 months (including SAH) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which hospital? <input style="width:100%;" type="text"/> Reason <input style="width:100%;" type="text"/> From/...../20..... to/...../20.....	If SAH, planned admission <input type="checkbox"/> Yes <input type="checkbox"/> No
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Family Name	Given Name(s)	Date of Birth	Office Use Only MRN	ACN	P2 of 4
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 <input type="checkbox"/> Right arm <input type="checkbox"/> Left arm <input type="checkbox"/> Right leg <input type="checkbox"/> Left leg		
Speech / swallowing problems		N	Y		
Polio / meningitis		N	Y Specify.....		
Previous falls / unsteady on feet		N	Y	<input type="checkbox"/> 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	<input type="checkbox"/> Illustrate on MR 26AB	
Bladder problems		N	Y <input type="checkbox"/> Urinary Incontinence <input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> 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 <input type="checkbox"/> L <input type="checkbox"/> R Y Specify site <input type="checkbox"/> L <input type="checkbox"/> R		
Other implants / devices		N	Y Specify <input type="checkbox"/> L <input type="checkbox"/> R		
General Health & Lifestyle					
Have you ever smoked?		N	Y Daily amount Date ceased/...../.....		
Do you presently smoke?		N	Yper day		
Do you drink alcohol?		N	Ystandard drinks per day	Ref to Policy Manual	
Past history of drug dependency		N	Y Specify		
Do you have chronic pain?		N	Y Specify	<input type="checkbox"/> Ref to MR26AB	
Disturbed sleep pattern / Sleep apnoea		N	Y <input type="checkbox"/> CPAP used <input type="checkbox"/> Sedation		
Do you exercise regularly?		N	Y		
Do you have any infections?		N	Y		
Depression / mental illness / anxiety attacks		N	Y		
For female patients - are you pregnant?		N	Yweeks		
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 <input type="checkbox"/> Self <input type="checkbox"/> Family Specify	<input type="checkbox"/> If yes, advise Anaesthetist	
Cancer / Lymphoma / Leukaemia		N	Y Date...../...../..... Site..... Treatment <input type="checkbox"/> Surgery <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiotherapy		
Transplants		N	Y Specify		
Other					
Do you have Creutzfeldt-Jakob Disease (CJD)?		N	Y	<input type="checkbox"/> 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		



Family Name	Given Name(s)	Date of Birth	Office Use Only P4 of 4 MRN	ACN
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Height and Weight details			Staff only	
Q1 What is your weight ?kg	Q3 Have you lost weight recently without trying? <input type="checkbox"/> No <input type="checkbox"/> Unsure If Yes, how much (kg)? <input type="checkbox"/> 1 - 5 <input type="checkbox"/> 6 - 10 <input type="checkbox"/> 11 - 15 <input type="checkbox"/> > 15 <input type="checkbox"/> Unsure	Answer If No If Unsure 1 - 5 6 - 10 11 - 15 > 15 Unsure	Score 0 2 1 2 3 4 2	If the score is 2 or more please refer to Dietitian ext 9573 <input type="checkbox"/> Notified If applicable please refer to Policy Manual
Q2 What is your height ?cm	Q4 Have you been eating poorly because of a decreased appetite? <input type="checkbox"/> No <input type="checkbox"/> Yes	No Yes	0 1	
				Total Score

© FBBC Malnutrition Screening Tool. Copyright © 1996 Nutrition Research Group. Reproduced with permission of the Nutrition Research Group

Discharge Planning			Staff use only
Do you have problems caring for yourself at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes to any question refer to Continuing Care / Case Manager <input type="checkbox"/> Notified
Do you live alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you care for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you receive community services? If Yes, <input type="checkbox"/> Nurses <input type="checkbox"/> Home Care <input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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)				
<i>Whilst all care will be taken SAH does not accept responsibility for valuables or personal belongings.</i>				
Personal property	<input type="checkbox"/> N / A	<input type="checkbox"/> Kept at own risk	<input type="checkbox"/> Ward storage	<input type="checkbox"/> Taken home by(sign.)
Valuables	<input type="checkbox"/> N / A	<input type="checkbox"/> Kept at own risk	<input type="checkbox"/> Ward storage	<input type="checkbox"/> Taken home by(sign.)
<input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A					

Name of Admitting Nurse				
Signature	Print Name	Designation	Date / /20	
Patient History form reviewed by: (PAC staff)				
Signature	Print Name	Designation	Date / /20	
Patient History form reviewed by: (DOSAC staff)				
Signature	Print Name	Designation	Date / /20	

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.		Form completed by:	
	Signature		Patient/Sign.	
	Date/...../20.....		Carer/Sign.	
			Admitting Nurse...../Sign.	



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.

Please speak to your Anaesthetist or see our website www.sah.org.au if you would like further information.

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.

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.

HOW TO MAKE COMPLAINTS OR COMPLIMENTS ABOUT YOUR CARE

Compliments We welcome your feedback. Feedback forms are available in your room/treatment area, on our website at www.sah.org.au, or ask a staff member

The form can be mailed, faxed or sent by email (please refer to contact details below)

Complaints You have a right to make comments or complain about your care. We welcome your feedback and will appoint an appropriate person to address your concerns
Your care will not be adversely affected by making a complaint

Who to contact regarding concerns You should contact the Manager or person in charge for problems experienced during your stay
Should you want to speak with someone outside the department/facility please telephone SAH (02) 9487 9888 and ask to speak to the Assistant Director of Nursing or the Quality Management Department

Sydney Adventist Hospital Contact Details **SAH Quality Management**
Sydney Adventist Hospital
185 Fox Valley Road Wahroonga NSW 2076
p 02 9487 9888 f 02 9473 8344
e customerfeedback@sah.org.au

It is always best to try and resolve your complaint with your health service provider. If you have tried this and are still unsatisfied, you can make a complaint to the Health Care Complaints Commission.

www.hccc.nsw.gov.au

PATIENTS' RIGHTS & RESPONSIBILITIES

PATIENT RIGHTS

PATIENT RIGHTS	WHAT THIS MEANS
<p>Access to Care You have a right to access health care</p>	<p>You will receive treatment appropriate to your health needs</p> <p>You can request a Doctor of your choice, and request a second opinion</p>
<p>Safety You have a right to receive safe and high quality care</p>	<p>You will receive safe and high quality health services provided by professional, caring and competent staff</p>
<p>Respect You have a right to be shown respect, dignity and consideration</p>	<p>You will be provided with care that shows respect to you and your culture, beliefs, values and personal characteristics</p>
<p>Communication You have a right to be informed about services, treatment, options and costs in a clear and open way</p>	<p>You will receive open, timely and appropriate communication about your health care in a way you can understand</p> <p>You will be asked to consent to treatment except when circumstances prevent this</p> <p>You have the right to refuse recommended treatments, refuse experimental treatment, choose which treatments you wish to take, and withdraw consent to treatment at any time</p>
<p>Participation You have a right to be included in decisions and choices about your care</p>	<p>You may join in making decisions and choices about your care and treatment plan</p>
<p>Privacy You have a right to privacy and confidentiality of your personal information</p>	<p>Your personal privacy will be maintained and proper handling of your personal health and other information is assured</p> <p>You have the right to access information contained in your medical record. (While in hospital – contact the Nursing Unit Manager. After discharge – contact the Medical Records Department)</p>
<p>Comment You have a right to comment on your care and to have your concerns addressed</p>	<p>You can make positive and negative comments about your care, and have your concerns dealt with properly and promptly</p>
<p>Parental Rights You can exercise your rights as a parent or guardian of a child</p>	<p>You can choose to stay with your child at all times except when the provision of health care precludes this</p> <p>You can make decisions regarding consent to treatment of your child if they are under 14 years of age</p> <p>From the age of 14, children may seek treatment and provide consent or make decisions jointly with their parents or guardian</p>

PATIENT RESPONSIBILITIES

PATIENT RESPONSIBILITIES	WHAT THIS MEANS
<p>Safety Tell us of your safety concerns</p>	<p>You should let staff know if you think something has been missed in your care or that an error might have occurred</p> <p>You should explain any circumstances that may make your health care riskier or any other safety concerns that you have</p>
<p>Respect Consider the well-being and rights of others</p>	<p>You should always respect the well being and rights of other patients, consumers and staff by conducting yourself in an appropriate way. This includes respecting the privacy and confidentiality of others</p> <p>Patients and their visitors are requested to be respectful to all health care professionals who care for them. Verbal and physical abuse will not be tolerated</p> <p>You should respect hospital property, policies, regulations and the property of other persons</p>
<p>Communication Provide information regarding your medical history and ask questions</p>	<p>Be as open and honest with staff as you can, including giving comprehensive and accurate details of your medical history, past surgeries and all medications you may be taking</p> <p>Ask questions of staff if you would like more information about any aspect of your care</p>
<p>Participation Follow your treatment, cooperate and participate where able</p>	<p>Where possible you should take an active role in your health care and participate as fully as you wish in the decisions about your care and treatment. Your family can also be actively involved</p> <p>You should endeavour to follow your treatment, and inform your health provider when you are not complying with your treatment</p> <p>You should cooperate fully with the doctor and clinical team in all aspects of your treatment</p> <p>You must let staff know if there are changes to your condition or new symptoms</p> <p>You should keep appointments or let the health provider know when you are not able to attend</p>
<p>Advance Care Directive / Power of Attorney / Guardianship</p>	<p>Please inform your health professional if you have a current Advance Care Directive or Power of Attorney for any health or personal matters, or if you are subject to a guardianship order</p>
<p>Pay Fees</p>	<p>You should promptly pay the fees of the hospital and your attending doctor</p>
<p>Complaint / Feedback</p>	<p>You should direct any complaint to a staff member or the Manager of the area so that immediate and appropriate action can be taken to remedy your concern</p>

If you would like further information on the Australian Charter of Healthcare Rights (including information provided in different languages), please visit: www.safetyandquality.gov.au

If you would like to request access to support services (such as interpreters and support groups), please contact the manager or person in charge.

PERSONAL INFORMATION AND PRIVACY FOR PATIENTS

Sydney Adventist Hospital is a division of Adventist HealthCare Limited (AHCL). The following AHCL policy applies to Personal Information and Privacy.

Adventist HealthCare Limited (AHCL) 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. AHCL will always endeavour to manage your information to protect your privacy.

This includes both paper and electronic records.

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. Subject to what we say in this section, we will only provide your personal information to people involved in your care.
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. AHCL operates teaching hospitals 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.
9. We may share your contact details with the Sydney Adventist Hospital (SAH) Foundation. The SAH Foundation provides patients with information, newsletters and details about fundraising appeals. The SAH Foundation may use the information to contact you.

CHAPLAINS

AHCL is a Christian organisation and we are committed to holistic care, including your spiritual needs while you are receiving care.

Chaplains and Spiritual Caregivers are part of our care team and accredited community representatives regularly visit our hospitals.

You may request a visit from a representative of your faith, or you may request that no chaplain or visiting faith representative call on you while you are a patient in an AHCL hospital.

NEWSLETTERS AND OTHER MAILED INFORMATION

In the future AHCL and/or the SAH Foundation may send you information about our programs, services and activities in the form of newsletters and details about fundraising activities. If you do not wish to receive this information, you may notify the Privacy Officer (see contact details at end of this section). 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 your consent at any time. If you withdraw consent for AHCL 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. You may separately a) refuse to be seen by a chaplain or representative of your faith while in hospital, b) refuse to have your Discharge Summary sent to your General Practitioner or c) refuse to receive information about future AHCL events, services and fundraising appeals by signing the 'Use of Personal Information' form (MR1F). These forms are available on admission or through the Privacy Officer (see contact details at end of this section). If you have a specific requirement for restricting access by someone to your information please also 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.

Privacy Contact Details

Sydney Adventist Hospital San Diagnostics & Pharmacy

Phone (02) 9487 9898, or extension 9898 if you are in the Hospital.

Email: privacy@sah.org.au

or write to:

The Privacy Officer

Sydney Adventist Hospital

185 Fox Valley Rd, Wahroonga, NSW, 2076.

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

TEACHING HOSPITAL

An important component of Adventist HealthCare's role in meeting community healthcare needs is the provision of clinical education and placements for medical, nursing and other allied health trainees. Participation of trainees may include observation and involvement in your care while under appropriate supervision.

You are free to refuse to allow a trainee to participate in your care at any time. Your refusal will not adversely affect the treatment you receive.

FURTHER INFORMATION

Further information can be obtained by visiting the hospital website at www.sah.org.au. For patients staying overnight, further information regarding SAH and its 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
Surgical Centre	02 9480 4461
Day Procedures Centre	02 9487 9113

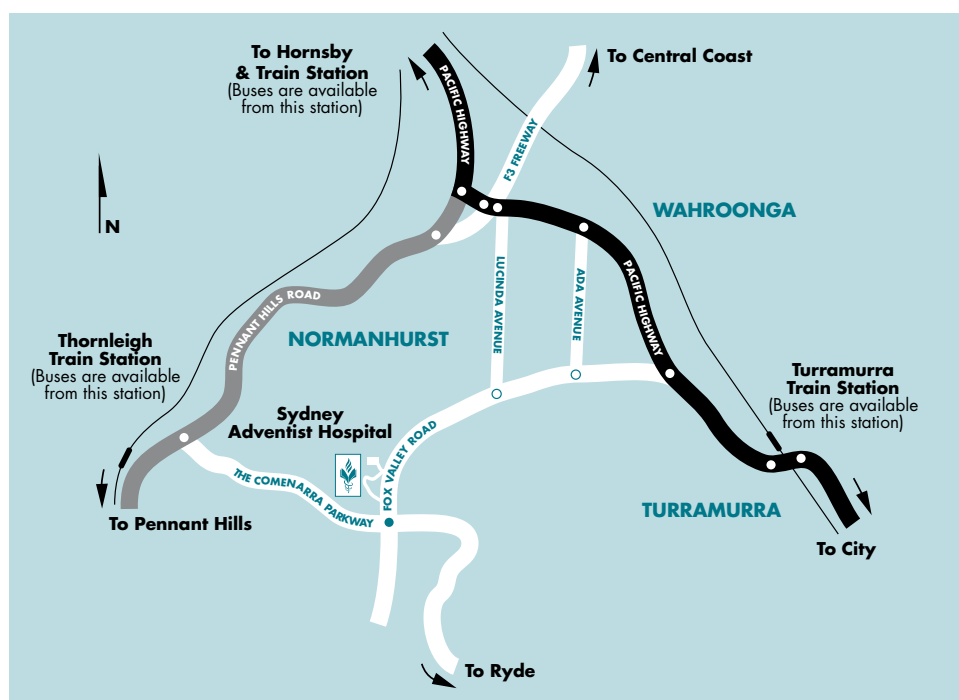
YOUR GP

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 Turrumurra and Hornsby (North Shore Line) and Thornleigh stations (Northern Line). For timetable information, contact the Transport Infoline on 131 500, or visit www.transportnsw.info
- Taxis - there are taxi ranks at Hornsby, Wahroonga and Turrumurra railway stations.
- Car – see map above. Car parking facilities are available at SAH at reasonable rates. Pay Stations are located in the new main entrance to the hospital (Levels 2 & 4), the San Clinic car-park (Parking Levels 1, 2, 3 & 4), and at the rear of the estate (rear of Fox Valley Medical & Dental Centre and entrance to Physiotherapy). These accept credit cards or cash, however, credit cards only will be accepted at the exit 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, you may be provided with a concession parking ticket. For example, if you are a regular visitor to the hospital for a course of treatment or you are seeing a specialist at Consulting Suites onsite. The Department you are attending will advise you if a concessional parking ticket is available.

Visit www.sah.org.au for further information on how to find us, parking and hospital campus maps.

SYDNEY ADVENTIST HOSPITAL A division of Adventist HealthCare Limited 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