

PRE-ADMISSION FORM BHL-PAF/04E

As advised by your surgeon's rooms	
Date of admission:	
Nothing to eat from:	Procedure:
Nothing to drink from:	
<i>Please complete this form online:</i>1. Once completed, save the completed form as a pdf2. Email the pdf to admissions@braemarhospital.co.nz at least the pdf to admissions@braemarhospital.co.nz	ast 1 week prior to your admission
Legal Surname:	Miss Ms Mrs Mr Dr Mx
Legal First Names:	
Date of Birth:	
Gender/Pronouns:	Are you a permanent NZ resident?: Yes No
Ethnicity:	
Home Address:	
Postal Address:	
(if different to home)	
Phone 1:	
Email:	
	Drastia
GP's Name.	Practice:
Next of Kin	
Name:	Relationship:
Address:	
Contact Phone Numbers:	
Address:	Relationship:
Contact Phone Numbers:	
	Approval Number:
ACC Approval Number:	No Name previously used:

Braemar Hospital is unable to accept any responsibility for loss or damage to valuables or money belonging to patients.

Health Questionnaire - Please answer all health questions Do you have, or have you ever had, any of the following?

If yes, please provide details below

High blood pressure controlled with medication Heart burn / Refl.xx Images and venifing with recent surgerises Heart attack Images and venifing with recent surgerises Diabetes: Type 1 Images and venifing with recent surgerises Heart murnur Images and venifing with recent surgerises Diabetes: Type 2 Images and venifing with recent surgerises Artificial heart valve Images and venifing with recent surgerises Images and venifing with recent surgerises Chest pairs / Angina Images and venifing with statistic Images and venifing with recent surgerises Rheumatic Fever Images and venifing with statistic Images and venifing with recent surgerises Artiral Fibrillation / Palpitations Images and venifing with statistic Images and venifing with recent surgerises Artiral Fibrillation / Palpitations Images and venifing with statistic Images and venifing with recent surgerises COPD / Emphysema Images and venifing with statistic Images and venifing with statistic Images and venifing with recent surgerises Artificial Interes Images and venificial venificial statistic Images and venificial venificial statistic Images and venificial venificial statistic Artificial Interes Images and venificial venificial statistic Images and venificial venificial statistic Images and ven		Yes	No		Yes	No		Yes	No
Heart attack Image: Comparison of the				Heartburn / Reflux			nausea and vomiting with		
Heart murmur Diabetes: type 2 Have you or a blood relative ever had any problems during or ever had any problems during or alter an aesthesia 2; Malignant 2; Maligna	Heart attack			Diabetes: Type 1			Do you experience motion		
Artificial heart value Inly toue inits after anesthesia? eg: Malignant Chest pairs / Angina Kidney problems Can you easily climb 1 flight of stars? Coronary angiogram or stars? Stars? Stars? Rheumatic Fever Can you easily climb 1 flight of stars? Stars? Artial Fibrillation / Palpitations HIV / AIDS Do you have difficulty opening your mouth? COPD / Emphysema Mental illness Do you currently smoke or vape? Stars? COPD / Emphysema Post-Traumatic Stress Disorder (ITS) When did you give up? Stars? Have you had a head cold threak weeks? Post-Traumatic Stress Disorder (ITS) When did you give up? Stars? Persistent cough / croup Dementia / Alzheimer's (IT stard ard glass wine or 1/2 glas beer 1 unit) Stars? Stars? Shortness of breath Joint implants or metal ware for outs? Do you use recreational drugs? Mental illnes Covid 19 Have you and aly also inder stars? Stars? Mental implants or metal ware for outs outs? Mental implants or metal ware for outs outs? Mental illnes Shortness of breath Joint implants or metal ware for outs outs? Do you use recreational drugs? Mental illnes Do you use recreational drugs? Men	Heart murmur			Diabetes: Type 2					
Chest pairs / Angina Kidney problems Can you easily climb 1 light of stairs? Coronary angiogram or stents in heart is an intermediate stairs? Can you easily climb 1 light of stairs? Can you easily climb 1 light of stairs? Rheumatic Fever Cirrhosis Can you easily climb 2 lights of stairs? Can you easily climb 2 lights of stairs? Atrial Fibrillation / Palpitations / Arrythmias Carlia devices Do you have difficulty opening your mouth? COPD / Emphysema Corona you easily climb 2 lights of easily your mouth? Do you currently smoke or vape? COPD / Emphysema Mettal lilness Do you currently smoke or vape? Mettal lilness Asthma Post-Traumatic Stress Disorder (stait weeks?) When did you give up? Mettal lilness Have you had a head cold, throat / chest infection in the list of list 4 weeks? Depression Do you our currently smoke or vape? Persistent cough / croup Definit implants or metal ware formati? Do you use recreational drugs? Metal diages wine or 1/2 glass beer 1 und? Shortness of breath Have you had any fails in the last formati? Do you use careational drugs? Metal diage Covid 19 Have you had any fails in the last formati? Do you use careational drugs? Do you use? Stroke / TAA Mave you had any	Artificial heart valve			Thyroid problems			after anaesthesia? eg: Malignant		
Cubic lary or groups and up Hepatitis Can you easily climb 2 flights of stairs? Rheumatic Fever Cirrhosis Can you easily climb 2 flights of stairs? Atrial Flibrillation / Papitations Do you have clifficulty opening your mount? Do you have clifficulty opening your mount? Cardiac devices Cardiac devices Do you have clifficulty opening your mount? Do you currently smoke or vape? COPD / Emphysema Cordia devices Mental illness Do you currently smoke or vape? Do you frequart? Have you had a head cold, throat / chest infection in the stains? Post-Traumatic Stress Disorder Do you drink alcohol? Do you drink alcohol? Persistent cough / croup Dementia / Alzheimer's If yes, how many units weeky (1 standard glass sine or 1/2 glass ber = 1 unit) Shortness of breath Dementia / Alzheimer's If yes, what do you use? If yes, what do you use? Covid 19 If your activity currently restricted by pain? Do you wear glasses Do you have and thence? Blood clots in legs or lungs Is your activity currently in the intertoin incling intertoing intertoing intertoing intertoing i	Chest pains / Angina			Kidney problems					
Rheumatic Fever Image: Stairs? Stairs? Stairs? Atrial Fibrillation / Papitations Image: Stairs? Do you have difficulty opening your mouth? Do you have difficulty opening? Cardiac devices Image: Stairs? Image: Stairs? Do you have difficulty opening? Do you have difficulty opening? COPD / Emphysema Image: Stairs? Image: Stairs? Do you currently smoke or vape? Image: Stairs? Asthma Image: Stairs? Image: Stair				Hepatitis			, , ,		
/ Arrythmias // Arrythmias </td <td>Rheumatic Fever</td> <td></td> <td></td> <td>Cirrhosis</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Rheumatic Fever			Cirrhosis					
eg: pacemaker, ICD Image: Control of the control o				HIV / AIDS					
COPD / Emphysema Implysema Implysem				Tuberculosis					
Asthma Post-Traumatic Stress Disorder (PTSD) When did you give up? Have you had a head cold, throat / chest infection in the lat 4 weeks? Post-Traumatic Stress Disorder (PTSD) Do you drink alcohol? Persistent cough / croup Dementia / Alzheimer's Degression Do you drink alcohol? Shortness of breath Dementia / Alzheimer's Do you drink alcohol? Dementia / Alzheimer's Shortness of breath Dementia / Alzheimer's Do you use recreational drugs? Dementia / Alzheimer's Severe snoring Dementia / Alzheimer's Do you use recreational drugs? Do you use recreational drugs? Covid 19 E Have you had any falls in the last 6 monts? If yes, what do you use? Do you weer glasses Stroke / TIA E Biadder conditions including current / recent urine infection Do you weer glasses Do you have any other eye conditions? Blood clots in legs or lungs E Biadder conditions including current / recent urine infection areas Any special dietary requirements? Do you have hearing difficulties? In the last 6 weeks have you been on a long distance fight? Do you currently use: Any special dietary requirements? Do you have a disability? Epilepsy / Seizure E Do you currently use: If your surger	COPD / Emphysema			Mental illness			Do you currently smoke or vape?		
Have you had a head cold, throat / chest infection in the last 4 weeks?(PTSD)Ween did you give up?Image: Constraint of the	Asthma			Anxiety					
last 4 weeks? Image: Construction of the							When did you give up?		
Shortness of breath Image: Control of the set of the				Depression			Do you drink alcohol?		
Shortness of breath Image:	Persistent cough / croup			Dementia / Alzheimer's					
Obstructive Sleep Apnoea Image: Slove Show in the last of months? Image: Slove Slov	Shortness of breath			Arthritis			glass beer = 1 unit)		
Covid 19Index you not a difficultionHow often do you use?Stroke / TIAIs your activity currently restricted by pain?Do you wear glasses / contact lenses?Stroke / TIAIs wour activity currently restricted by pain?Do you have any other eye conditions?Anaemia / Bleeding disordersIs Bladder conditions including current / recent urine infectionDo you have any other eye conditions?Blood clots in legs or lungs (DVT / PE)Is a grading and the distribution of the distribution	Severe snoring			Joint implants or metal ware			Do you use recreational drugs?		
Stroke / TIA Image: Stroke / TiA	Obstructive Sleep Apnoea								
Stroke / TIA Stroke / TIA Stroke / TIA Stroke / TIA Bowel conditions Stroke / Contact lenses? Stroke / Contact lenses / Contact lenses / Contact lenses / Contact len	Covid 19			Is your activity currently			-		
Anaemia / Bleeding disorders Image: Construction of the conditions including current / recent urine infection Image: Construction of the conditions including current / recent urine infection Blood clots in legs or lungs (DVT / PE) Image: Construction of the conditions including current / recent urine infection Image: Construction of the conditions including current / recent urine infection Family history of blood clots Image: Construction of the conditions including difficulties? Image: Construction of the conditions including difficulties? In the last 6 weeks have you been on a long distance flight? Image: Construction of the conditions including tight? Image: Construction of the conditions including tight? Epilepsy / Seizure Image: Construction of the conditions including tight? Image: Construction of the conditions including tight? Image: Construction of the conditions including tight? Blackouts / Fainting Image: Condition of the cond	Stroke / TIA						/ contact lenses?		
Blood clots in legs or lungs (DVT / PE) Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Any special dietary requirements? Family history of blood clots Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Any special dietary requirements? In the last 6 weeks have you been on a long distance flight? Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current skin problems eg: ulcers, wounds, eczema, boils, pressure areas Image: Current ski	Anaemia / Bleeding disorders						eye conditions?		
Family history of blood clots wounds, eczema, boils, pressure areas Any special dietary requirements? In the last 6 weeks have you been on a long distance flight? Do you currently use: Do you have a disability? Crutches / Walking stick Image: Crutches / Walking stick Image: Crutches / Walking stick Image: Crutches / Walking stick Blackouts / Fainting Image: Crutches / Walker / Frame Blackouts / Fainting Image: Crutches / Wheelchair Image: Crutches / Wheelchair Image: Crutches / Walker / Frame Image: Crutches / Walker / Frame Image: Crutches / Wheelchair <	8 8								
been on a long distance flight? Crutches / Walking stick Do you have a disability? I Epilepsy / Seizure Seizure Walker / Frame If your surgery requires the removal of body parts, would you like them returned to you if possible?				wounds, eczema, boils, pressure			Any special dietary requirements?		
flight? Crutches / Walking stick Do you have a disability? Epilepsy / Seizure If your surgery requires the removal of body parts, would you like them returned to you like them returned to you if possible?				Do you currently use:					
Blackouts / Fainting Walker / Frame removal of body parts, would you like them returned to you if possible?				Crutches / Walking stick			Do you have a disability?		
Blackouts / Fainting Wheelchair Wheelchair you like them returned to you if possible?	Epilepsy / Seizure			Walker / Frame					
Migraines / Severe headaches	Blackouts / Fainting			Wheelchair			you like them returned to		
	Migraines / Severe headaches								

If you answered **YES** to any of the questions above, please provide details, including treatment.

Have you had previous surgery? If **YES**, please provide details.

Have you been admitted overnight or had any dental, dialysis, endoscopy or procedures in an overseas healthcare facility in the last 12 months?	r oncology	Yes	No
Have you travelled overseas (without healthcare contact) to a South Asian (country in the last 12 months?)R South-East Asian	Yes	No
Have you worked in an overseas or NZ hospital in the last 12 months?		Yes	No
Have you been admitted overnight to a New Zealand hospital or hospital le in the last 12 months?	vel residential care	Yes	No
Do you have any other medical conditions not already covered, or is there a should know about you eg: Parkinson's, muscle nerve disease, currently bro		Yes	No
If YES , please provide details			
Are you under medical specialist care eg: cardiologist, oncologist, rheumato	blogist?	Yes	No
If YES , please provide details			
When did you last see them			
Do you currently live alone?		Yes	No
If YES , who is going to support and care for you on discharge?			
Do you have any religious or spiritual beliefs / practices or cultural needs w	e should be aware of?	Yes	Νο
If YES , please provide details			
Do you have difficulty understanding English?		Yes	No
If YES , what is your preferred language			
Is there anything we need to know that you prefer not to write on this ques	tionnaire?	Yes	No
If YES , we will contact you prior to your admission.			
Height cm Weight kg DO NOT leave this blank	. If you do not know, ple	ase provide	an estimate.
Have you ever had an allergic reaction or an adverse reaction to any drugs, plaster, food etc?	iodine, sticking	Yes	No
Substance Reaction			

Please list **ALL** medicines – tablets, inhalers, patches etc prescribed by your doctor or over the counter (include any herbal or natural remedies).

Name of modication

Name of medication	Dose	Frequency

General Privacy Statement

We collect your health information to provide you with appropriate care and to monitor quality.

We share this information with other health care providers and agencies involved in your care.

We treat your information as confidential and ensure that it is kept secure and only accessed by authorised persons. You have the right to request access to your records and to request correction of the information. Information may be supplied to family, support people or other agencies if you give us your permission or disclosure is authorised by law. Our full Privacy Statement is available on our website or from the hospital reception.

Account Information

Statement to be signed by patient before surgery.

I understand and agree that:

- Unless my specialist has advised me otherwise, any hospital fee figure given to me is an estimate only. For example, a procedure may take a shorter or longer time to complete, or, you may require a longer stay in hospital than originally estimated. In most cases though your specialist will be able to provide you with a reasonably accurate estimate.
- I am responsible for the payment of all costs associated with my stay at Braemar Hospital (excluding those which are paid for by another organisation such as ACC, an insurance company, a district health board etc).
- If I am an ACC patient, I will be invoiced for costs not paid by ACC, such as telephone calls, room upgrades, extra meals etc.

Before the procedure

- I give permission for Braemar Hospital to check on my current credit status before (or after) my procedure.
- If I have no insurance cover or no prior approval from my insurance company, Braemar Hospital may reserve the right to insist that I pay an estimate of the cost of my procedure in advance. (Braemar Hospital recommends that you obtain prior approval from your insurance company).

Invoice and payment

Unless another organisation such as ACC or a district health board are paying the full amount, I will receive invoices from:

• Braemar Hospital, the specialist, the anaesthetist (where applicable), and any other services such as physiotherapy (where applicable).

If I have insurance cover for my procedure, I agree to:

- Send the invoice to the insurance company.
- Braemar Hospital making the claim on my behalf for the hospital costs directly with my insurance provider where possible
- Pay for all of the cost of the procedure that is not paid by my insurance company.

If I do not have insurance cover:

• I will pay the account in full promptly on receipt of invoice.

Overdue accounts

• I agree that I have sufficient funds in place to meet the costs of my procedure at Braemar Hospital on the due date. If I do not pay on the due date:

- I will pay the interest charged by Braemar Hospital on any amount unpaid after the due date.
- The interest rate will be 1% per month of the amount unpaid at the end of each month.
- Braemar Hospital may instruct their debt collector or solicitor to recover any amount unpaid after the due date.
- I will pay for all of the debt collection costs incurred by Braemar Hospital or their debt collector and/or legal costs on a solicitor/client basis

l, Patient	Parent	Caregiver	
have read an	d accept the ab	ove terms.	
Signature: Date:			
(to be signed at E	raemar Hospital)		

BRAEMAR HOSPITAL TO AFFIX PATIENT EMAIL LABEL HERE