



SYDNEY
ADVENTIST
HOSPITAL

Paediatric Pre Admission Booklet

SYDNEY ADVENTIST HOSPITAL

*Thank you for choosing Sydney Adventist Hospital
for your child's care.*

**Please read this booklet carefully and retain for
your information.**



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.

The Paediatric Pre-Admission Booklet is for:

- Patients up to the age of 16 years admitted to the Children's Ward for care. Please read the **blue** coloured section and the **grey** coloured section.
- Patients admitted to the San Children's Sleep Disorders Unit, please read the **red** coloured section and the **grey** coloured section.

IF YOU CHOOSE TO COMPLETE YOUR FORMS MANUALLY, PLEASE RETURN THESE FORMS AS SOON AS POSSIBLE

- Admission Form (2 pages)
- Patient History (2 pages)
- Consent to Medical/Surgical Treatment
(completed with your doctor)
- Hospital Booking Letter (completed by 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 our reception staff prior to your admission.

OCTOBER 2014

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

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.

GENERAL PAEDIATRIC ADMISSIONS

The following section applies to patients being admitted to the Children's Ward for medical or surgical care.

Sleep Studies patients - please see separate red coloured section.

PRIOR TO COMING TO HOSPITAL

YOUR ARRIVAL TIME

A member of staff will contact you after 5 pm on the evening prior to your child's admission to notify you of the required arrival time, fasting instructions and any other specific instructions. For those patients having a procedure, they should have a shower or bath on the

evening prior - or the morning of - their procedure. Any nail polish or jewellery should be removed.

A special paediatric orientation is available for children undergoing surgery to help prepare them for surgery and their hospitalisation. Bookings for orientation can be made through the Children's Ward.

FASTING

For patients undergoing surgery, the fasting time may vary, depending on the type of anaesthetic your child is having. Parents will be advised when to commence their child's fasting by hospital staff prior to admission.

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

MEDICATIONS

If your child takes any regular medication (including non-prescription medications) you should discuss this with your child's doctor. You may need specific instructions regarding which medications should be ceased and which should be continued.

If your child is a diabetic, it is important that you discuss diabetes medication instructions with your child's doctor.

If your child is taking any herbal **(complementary / alternative medicines)** your child should cease taking these medicines for 10 days prior to their procedure unless otherwise instructed by your child's doctor.

WHAT TO BRING

- **All entitlement cards** e.g. Medicare / Safety Net 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 (Asthmatics should bring their puffers and spacers.)
- 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

- Cotton underwear to wear to the Operating Theatre if applicable (a spare is advised)
- Slippers or sandals to wear to the Operating Theatre if your child prefers to walk
- Your child's preferred book, toy or cuddly if they have one
- Your child's preferred bottle or feeding cup if they have one, and their feeding spoon

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

- Sleepwear for your child
- Comfortable clothes for sleeping (parents)
- Personal toiletries

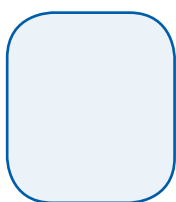
A day bed will be provided for one parent staying overnight. To promote a speedy recovery, parents may stay with their child, even overnight (except when clinical reasons dictate). It is not essential but we do encourage it. No siblings can be accommodated overnight.

Do not bring:

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

Cancellations:

If you are unable to keep your appointment for admission, please contact Sydney Adventist Hospital Access Centre as soon as possible on (02) 9487 9903.



YOUR ADMISSION AND STAY

Please attend the Surgical Centre (Level 4 Clark Tower) for admission, then proceed to the Children's Ward (Level 11 Clark Tower). If you have any questions about your admission process, please contact us on (02) 9487 9903.

For patients undergoing day surgery, because of space constraints in the Day Stay area of the ward, we regret to advise that no siblings are permitted in the Day Stay area unless the sibling is a breast fed infant. Staff will not be responsible for supervising siblings left on the ward when a parent accompanies their child to the Operating Theatre. Strollers and prams will not be allowed in the Day Stay area of the ward but can be left in the corridor outside.

The hospital will endeavour to minimise the waiting time prior to the procedure. 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 the doctors in the interests of your child's care.

Visiting Hours:


10:00am – 8:00pm.

Parents are welcome any time.

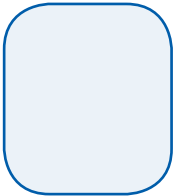
The Procedure:

Children undergoing surgery will be transferred to the Operating Suite on a trolley or if this distresses the child, you may carry them. Both parents if present may accompany the child. At least one parent must accompany the child. Please read the guide for parents whose child is having a procedure, which is located on the bedside cupboard on the Children's Ward and also the section following entitled Anaesthesia for Your Child's Procedure.

On return from Recovery, it is preferable that your child settles and has a sleep. Nursing staff will be observing your child closely. Your child may return with a cannula, which may be capped or used for intravenous fluids. If a wound is present nursing staff will check that the dressing is intact and that there is no ooze.



On return from Recovery your child may have an iceblock and sip small amounts of clear fluids. Babies may be breast-fed or have small amounts of formula. Once your child has tolerated adequate fluids, a light diet will be offered. (Please note food allergies on the Patient History Form.)



Prior to discharge, the nursing staff will check that your child has passed urine post operatively. The cannula will be removed. If your child requires pain relief, medication will be given. Nursing staff will discuss post operative care and follow up and will give you medications ordered by your doctor.

No Hot Fluids policy:

In the interests of our patient's safety, it is the Children's Ward policy that NO hot fluids are permitted on the ward or in patient rooms. Tea and coffee making facilities are available in the parents' room on the ward. Children are not permitted in the parents' room.

LEAVING HOSPITAL

A patient pick up/drop off zone is located in the multi-deck car park (P1) with short term parking nearby (first 20 minutes is free). Otherwise best parking for the Children's Unit is on Level 4. A wheelchair can be arranged should your child require one to transport them to the car park.

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

ANAESTHESIA FOR YOUR CHILD'S 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 child's anaesthetist personally looks after their comfort, safety and well being before, during and after their procedure.

TYPES OF ANAESTHESIA

General anaesthesia – your child is 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. Your child 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, your child will be awake but free of pain.

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

YOUR CHILD'S ANAESTHETIST MUST KNOW ALL ABOUT THEM

Your child will be seen by their anaesthetist before their procedure. Some anaesthetists will request that you contact them or make an appointment to see them prior to admission.

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

- All medications your child is taking, the dose and how often they 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
- Past anaesthetic experiences
- Loose or broken teeth, caps, plates, or implants

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

PREPARING FOR THE ANAESTHETIC

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

- Carefully follow the fasting and medication instructions provided by your child's health professionals. If these instructions are not followed, the procedure may have to be postponed in the interest of your child's safety.
- Contact your child's surgeon or anaesthetist if you have any questions or concerns, or if you or your child are anxious about anaesthesia.

THE DAY OF THE PROCEDURE

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

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

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

AFTER THE PROCEDURE

When your child's procedure is complete, their anaesthetist will reverse the anaesthetic effects and deliver them to the Recovery Room where they will be monitored until it is deemed safe to deliver them to the ward.

Pain is very individual and your child's comfort after the procedure is of utmost importance to the team caring for them. 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 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 your child is very ill, the anaesthetist may use a combination of muscle relaxants and a lighter general anaesthetic to reduce the risks to your child. If this occurs, the risk of your child 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.

ANAESTHETIST'S FEES

Your child's 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 the doctor'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 child's anaesthetist before the day of surgery. If your account is to be paid by a third party, please let your child's anaesthetist know as early as possible.

BLOOD TRANSFUSIONS

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 your child is to have a major operation you should ask the surgeon or anaesthetist if there is a chance of them requiring a blood transfusion. It may be possible to collect and store your child's own blood in advance for use during or after the 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 your child and has not been offered.

SLEEP STUDIES ADMISSIONS

The following section applies to patients being admitted to the **Children's Sleep Disorders Unit** for a sleep study.

Other patients - please see separate **blue** coloured section and the **grey** section for all patients.

BOOKING YOUR SLEEP STUDY

On receipt of a referral (Hospital Booking Letter) from your admitting doctor, a member of staff from the Sleep Disorders Unit will contact you regarding booking your overnight sleep study.

PRIOR TO COMING TO HOSPITAL

Your Arrival Time

The Admission time to the San Children's Sleep Disorders Unit

- 6pm Monday - Thursday
- 8pm on weekends

Please note that weekends (Saturday and Sunday nights) are reserved for older children, 5 yrs+ with later bed times.

In **urgent** cases your Doctor may arrange the use of a weekend study for a younger child. In these cases please take note of your arrival time on your confirmation letter as this may be adjusted.

What to bring

- Pyjamas are preferred (Non-Satin or Silk)
- A pair of socks.
- Favourite comforts are welcome.
- Babies - enough nappies and feeds (If bottle fed) to last your stay.

It is a requirement of the Sleep Disorders Unit that one parent stay with the child all night during a sleep study.

A fold-out bed and linen will be provided.

Medications

Sleep studies patients should continue with their usual prescribed medications e.g. asthma medication, melatonin, antibiotics and nasal sprays unless otherwise instructed by your doctor. No cough mixtures or cold/flu medications or any other medication that could cause drowsiness can be taken on the night of the sleep study. If you have any questions, please check with your child's doctor or staff of the Sleep Disorders Unit before administering medication.

GETTING TO HOSPITAL

Please see back cover for instructions.

ADMISSION AND STAY


Sleep Studies patients please first report to the Sleep Disorders Unit (see instructions back cover). If you arrive prior to 6pm, please proceed to Patient Services for admission. Patient Services is located on Level 4 of the Clifford Tower, adjacent to the Clifford Tower lifts.

A meal will be provided for your child and the Hospital cafeteria will be open between 4.30 and 6.30 pm for parents.

Because of space constraints in the Sleep Disorders Unit, **only one parent** and no siblings can be accommodated overnight. In difficult circumstances, the Hospital may be able to provide accommodation for your family on site at Jacaranda Lodge. Enquiries can be made on (02) 9487 9066.

The Procedure

The set-up of your child's sleep study takes approximately 45 minutes. A number of sensors will be applied to your child's scalp, face and chest. They will not cause any discomfort or pain but nevertheless can cause some children distress. It is vital that this is done while your child is awake. Although we endeavour to work around their normal sleep time, this is not always possible.



During the night, we will record your child's brain and muscle activity and the airflow through their nose and mouth. Chest and stomach movements and oxygen levels will also be measured. All these signals will be acquired via several sensors placed on the surface of your child's skin.

Cancellations

If you are unable to keep your appointment for admission to the Sleep Disorders Unit, please contact the Unit as soon as possible on (02) 9487 9347.

No Hot Fluids Policy

In the interest of our patient's safety, it is the Children's Sleep Disorders Unit Policy that NO hot fluids are permitted in patient rooms.

The Sleep Disorders Unit has a dedicated area where parents can relax once children are settled.

A fridge and microwave are available for parent use.

LEAVING HOSPITAL

The sleep study will be completed at approximately 5 am and you are required to leave the ward by 6 am. If you are being collected in the morning, we ask that your choice of transport arrives by 5.30 am.

Results will be available within 10 days of the sleep study. Please make an appointment to see your sleep physician or arrangements can be made for the doctor of your choice to receive a written report. Sleep technologists have been instructed not to give out any results from the study.





HOSPITAL BOOKING LETTER

MRNACN.....

Family Name

Given Name(s)

D.O.B

AMO Name please print

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)

Please fax copy to Hospital Bookings 1800 009 111



PERF & PUNCH POSITIONING AS PER PREVIOUS BOOKLETS

CONSENT TO MEDICAL OR SURGICAL TREATMENT

MR 1C



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

THIS HOSPITAL VISIT	Date of Admission	Preferred accommodation (please tick)	
	<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)
	Date of Procedure	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.	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0		
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	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	Interpreter Required
		<input type="checkbox"/> English <input type="checkbox"/> Other.....	<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.	Table / Type of cover	Relationship of patient to contributor
	Contributor's Title	Family Name	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?		<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?.....	

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

PERF & PUNCH POSITIONING AS PER PREVIOUS BOOKLETS

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



ADMISSION FORM

MR 1 AA

ENTITLEMENTS
Medicare / Safety Net / Veterans' Affairs

Medicare Card	Card No		Medicare ID No	Left of name	Expiry	/	/
Other Card Type	<input type="checkbox"/> Pensioner Card						
	<input type="checkbox"/> Health Care Card						
	<input type="checkbox"/> C'wealth Senior Card						
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					* (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	
			<input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Third Party motor vehicle <input type="checkbox"/> Public Liability	
Date of accident	/	/	Name of Insurer at time of accident	
Insurer's address			P/code	Insurer's fax no.
			Insurer's Claim 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?	Reason	
		From/...../20.....		<input type="checkbox"/> Yes
		to/...../20.....	If SAH, planned admission	<input type="checkbox"/> No





PAEDIATRIC PATIENT HISTORY

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

Family Name	Given Name(s)
Date of birth	Phone No.
Sydney contact phone no.	Mobile No.
Admission Date	Admitting Doctor

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

Please specify reason for admission

Does your child understand why he / she is in hospital? Yes No

Is this admission the result of a past or present injury? Yes No

If 'Yes' What was the cause of injury? _____
Place (eg school, home) _____ Date of injury / /

Does your child have a nickname or preferred name? _____ Patient being admitted from: Home Doctor's office Emergency Care Other

Do you wish to have any restrictions on: At which hospital was your child born?
Visitors? Yes No
Telephone? Yes No

Summary of previous history or previous hospitalisation **Staff only**

Year	Illness / Surgery	Place (if applicable)

Are your child's Immunisations up to date? N Y Unsure

Problems with anaesthesia N Y Specify If Y advise Anaesthetist

Complaint of pain N Y State type Location

Has your child recently had a cough, cold or contact with infectious disease? N Y Specify

Please tick if your child has ever had: Asthma Croup Bronchiolitis Measles Diabetes
 Mumps Chickenpox Rheumatic fever Heart disease Hepatitis
 Anaemia Blood transfusion Jaundice Convulsions

Any Limitations N Y Vision Hearing Speech Other

Sensory Aids N Y Glasses Contact Lenses
 Dental braces / devices Other.....

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

Allergies	Sensitivities	Reaction

Food allergy Diet office contacted

Your current Medications

Regular pharmacy: Name _____ Contact no. _____

Please record details of all your current medications, which would include tablets, capsules, puffers, patches, injections, insulins, eye drops and creams.
Consult your GP or surgeon if you are unsure of any details about your medications or which medications should be ceased prior to surgery.
Bring into hospital ALL current medications you are taking, BOTH in original containers and blister (Webster) packs, if you have them; also any PBS Authority prescriptions for current medications and your PBS entitlement cards.
Please note that medications in your Webster pack may be re-dispensed by SAH pharmacy as nurses are not allowed to administer medications from these packs.
Non-prescription medication eg. complementary therapies, natural therapies, herbal preparations or vitamins, please specify.

Prescription & Non-Prescription Medications	Strength	Route (eg.oral)	Dose	Frequency	For Long Stay Patients Only	
					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

PERF & PUNCH POSITIONING AS PER PREVIOUS BOOKLETS

PAEDIATRIC PATIENT HISTORY

MR 26B



PAEDIATRIC PATIENT HISTORY (Continued)

MRN

Family Name

Given Name(s)

DOB

Social History		Mother's name		Father's Name	
Brothers	Age	Sisters	Age	Age	
	Age		Age	Age	
Does your child have a favourite toy/ cuddly?		N	Y	Did they bring it with them? <input type="checkbox"/> No <input type="checkbox"/> Yes	
What activities does your child enjoy? (eg. puzzles, reading)					
Family History (Indicate relationship of person to patient)				Staff only	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Sleep apnoea	<input type="checkbox"/> Bleeding tendency			
<input type="checkbox"/> Eczema	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other			
<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart disease	<input type="checkbox"/> SIDS			
Patterns of Daily Living		If your child wears nappies, what size			
Personal Hygiene		<input type="checkbox"/> Shower <input type="checkbox"/> Bath <input type="checkbox"/> Baby Bath			
Does your child need assistance with cleaning his / her own teeth?		N	Y		
Any problems with bowel function?		N	Y	Give details	
Any problems with bladder function?		N	Y	Give details	
Does your child use any special words when wanting to use the toilet?		N	Y	Give details	
Sleep	Any sleep problems?		N	Y Specify	
	Sleeps in : <input type="checkbox"/> Bed <input type="checkbox"/> Cot	Normal hours of sleep	<input type="checkbox"/> Hrs	Usual bedtime	Child likes a light on whilst sleeping. <input type="checkbox"/> Yes <input type="checkbox"/> No
Dietary Requirements		Do you have a special diet? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes Specify		<input type="checkbox"/> Diet office contacted			
<i>Generally children under 12 years are not supplied with hot drinks unless specified by a parent.</i>					
For SMALL CHILDREN	FOOD	<input type="checkbox"/> Mashed	What and how much?		
		<input type="checkbox"/> Strained			
	<input type="checkbox"/> Normal				
	FLUID	<input type="checkbox"/> Breastfed	Times		
<input type="checkbox"/> Bottle		Type of teat	Type of formula?		
		Type of formula	How much?		
<input type="checkbox"/> Other fluids			<input type="checkbox"/> Feeding cup	<input type="checkbox"/> Glass	
Does your child have a dummy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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 / parents' 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 / parents' risk	<input type="checkbox"/> Ward storage	<input type="checkbox"/> Taken home by(sign.)	
Patient / Carer to sign					
Orientation to Ward / Explanations to patient / parent (staff only)					
		<i>Init.</i>		<i>Init.</i>	
Room & ward orientation eg. lighting, bathroom, toilet.		Communication system eg. telephone, TV, nurse call			
Parent facilities eg. kitchen, room		Consent form completed. Medical assessment arranged			
Name of Admitting Nurse					
Signature		Print Name		Designation Date/...../20.....	
SIGNATURE	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
Date/...../20.....				Carer	
				Guardian	
				Nurse	



ALL ADMISSIONS

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 child's admission. Otherwise, an estimate will be provided at the earliest opportunity after admission. This will be an ESTIMATE ONLY. As the estimate is prepared using information supplied by your child's admitting doctor, it is subject to change without notice. Circumstances may also occur during your child's hospitalisation that will result in changes. Fees for some services cannot be estimated prior to admission. These services will be listed on the estimate.

Payment for the estimated gap is required before admission. Sydney Adventist Hospital (SAH) offers several options to pay the 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.

Private Room Fees

The Children's Ward has private rooms only.

Please note that gap payments will apply for private rooms if your private health insurance does not cover private room fees.

Doctor Accounts

Accounts from your child's treating doctors are separate and not usually fully covered by your health fund or Medicare. Please contact your child's 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 the doctor's fee and the combined Medicare/health fund rebates. Unless otherwise agreed with your child's doctor, payment of this gap (out of pocket costs) is your responsibility.

Privately insured patients

Please check with your private health insurer that your child's 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 the account before admission.

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

Third party patients

All public liability and third party patients require approval from their insurer prior to admission. If approval is not received, you will be required to pay the estimated amount before your child's admission.

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



MORE ABOUT YOUR FORMS

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

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 post a copy of your advance care directive with your admission forms if you have one.

HOSPITAL POLICIES

Please also note that as parent/guardian of your child, you will be acting on behalf of your child in regards to these 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

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 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 You will be asked to consent to treatment except when circumstances prevent this 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 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 You can make decisions regarding consent to treatment of your child if they are under 14 years of age 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
Patient Accounts	02 9487 9900
Emergency Care	02 9487 9000
Jacaranda Lodge (onsite, low cost accommodation)	02 9487 9066
Children's Sleep Disorders Unit	02 9487 9347

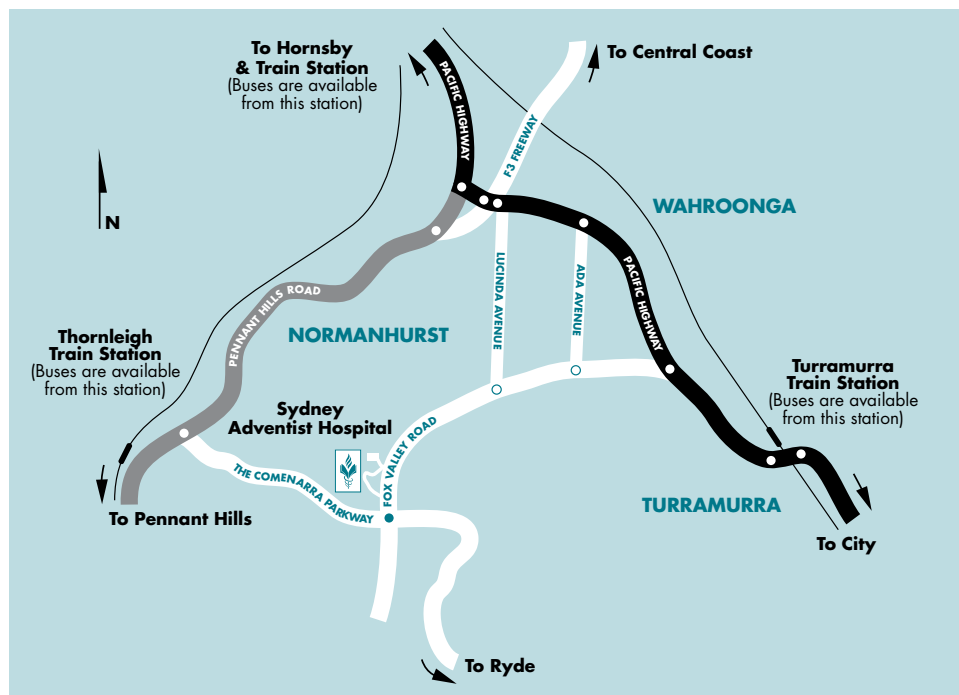
YOUR GP

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.

Sleep Studies is located at the rear of the hospital main building on Level 3. To access by car, enter via the lower gate (boom gate) next to the Fox Valley Medical Centre. Follow the road around to the Child Care Centre. Turn right immediately after the Child Care Centre and follow the lane up to the quadrangle at the base of the main hospital building. The Sleep Disorders Unit is sign-posted on the right adjacent to Physiotherapy. Please park in the parks labelled *“Parking for Physiotherapy Patients”*.

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

Website: www.sah.org.au

Admission enquiries: (02) 9487 9903