Noosa Hospital
Part of Ramsay Health Care

Request For Admission to Noosa Hospital

MRN: _____

Surname: _____

Given Name: _____

D.O.B: _____ Sex: ☐ M ☐ F

(Affix patient identification label here)

To be completed by the Doctor/ Manager Requesting Admission	**Date:**
Pt First Name:	Pt Surname:
Date of birth:	Pt Contact number:
Admitting Doctor:	
Date of admission:	Time of Admission:

Accommodation Required at Noosa Hospital: ☐ Public ☐ Private ☐ DVA ☐ Workcover

Health Fund: _____ Member Number: _____

☐ Gold ☐ Silver ☐ Bronze ☐ Basic

Primary Diagnosis:

Comorbidities:

Summary of Relevant Investigations:

Current Treatment and Medications:

COVID Screen:

Has the patient returned from overseas travel in the last 14 days?	☐ Yes	☐ No
Has the patient been tested for COVID-19 and tested positive or waiting for results?	☐ Yes	☐ No
Has the patient visited any COVID hotspots within Australia in the last 14 days?	☐ Yes	☐ No
Has the patient had any close contact with a COVID-19 positive case?	☐ Yes	☐ No
Does the patient have any flu-like symptoms?	☐ Yes	☐ No

Cognitive/Behavioural: ☐ Nil issues ☐ Cognitive impairment ☐ Absconding risk ☐ Aggression
☐ Self-harm ☐ Wandering ☐ Other: _____

Mobility: ☐ Independent ☐ 1 x Assist ☐ 2 x Assist ☐ Hoist ☐ Mobility Aids: _____

Infection Control: ☐ IVC ☐ IDC Drains /Wounds ☐ Multi-Resistant Organisms: _____

Falls Risk: ☐ No ☐ Yes **Allergies:** ☐ Nil known ☐ Yes: _____

Weight >100kg: ☐ No ☐ Yes- weight:_____kg

Name of Transferring facility (if applicable)**:**	
Date of admission to transfering facility:	**Referring doctor:**

Reason for Transfer:

NOK Name and Relationship to Patient:

NOK Notified of Transfer: ☐ Yes ☐ No

Noosa Hospital Use Only: ☐ Medical ☐ Surgical ☐ Day only ☐ Overnight

☐ D PAV ☐ GPAV ☐ DPU ☐ ICU ☐ CCU/HDU ☐ DOSA ☐ BED NUMBER: _____

Admission/Transfer arranged for (day and time): _____ ☐ QAS ☐ Private Car

Click Address to email completed Form: Bedbookings.noh@ramsayhealth.com.au