☐ Bayside Day Procedure & Specialist Centre ☐ Bayswater Day Procedure & Specialist Centre ☐ Casey Day Procedure & Specialist Centre **Select Centre for Admission** **To be completed by the Patient at time of admission** **Pre-Admission Health Assesment**	**Patient Identification Label, or** **Patient should write full name here**

Do any of the following apply to you? **Please tick the Yes / No box**	**Yes**	**No**	**If yes, provide details**	**Clinical Notes**
Do you have epilepsy or have you had a stroke? When did this happen?				
Do you have any dementia; confusion; disorientation?				
Do you have any heart trouble, angina, atrial fibrillation, chest pain, high blood pressure, stents?				
Do you have a pacemaker or implanted defibrillator inserted?				
Do you have any breathing trouble or asthma? Do you need home oxygen or a CPAP machine? Do you have sleep apnoea?				
Do you have any Bleeding disorder/clotting disorder/ DVT?				
Do you take Blood Thinning medicines eg Warfarin, Plavix/Iscover, Xarelto, Aspirin or other similar When was your last dose?				
Do you have diabetes? Do you take insulin? Have you had insulin today? What was last Blood sugar level today?				
Do you have thyroid problems?				
Do you have any other serious **Medical** conditions?				
Surgical History - Have you had any previous surgery? What was your most recent surgery?				
Anaesthetic History				
Have you had an anaesthetic previously?				
Have you or a member of your family had any serious problems with anaesthetic?				
Do you suffer from reflux?				
Do you wear dentures or have bridge, plate, caps or crowns?				
Do you smoke cigarettes? If you are an ex-smoker, what year did you quit?			Cigarettes per day? ______	
How many alcohol drinks a week do you have?				
Are you pregnant?				

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Do any of the following apply to you? **Please tick the Yes / No box**	**Yes**	**No**	**If yes, provide details**	**Clinical Notes**
Do you have any other allergies - food /tapes /Latex?				
Do you have an Advance Care Directive? If yes, please provide and discuss with the Anaesthetist				
Do you have an ambulance subscription?				
Infection Risk Assessment				
Have you been admitted overnight to any overseas health care facility in past 12 months				
Do you currently have any cold or flu symptoms, fever or cough or diarrhea/vomiting?				
Are you currently being treated for any infections or infection related issues?				
Other				
Have you had any falls in last three months?				
Do you use a mobility aid eg frame / stick?				
Do you have any skin conditions / existing wounds / pressure areas / broken skin or reddened skin?				
Do you have lymphodema?				
Do you wear glasses or contact lens?				
Do you have difficulty with hearing or speech?				

Ref: Ontario Modified Strategy Sydney Scoring

If you are taking any medicines at the present, Please give details of any medication (or attach sheet of any medications from your GP that you are taking at the moment (including contraceptive and vitamins) If you do not take any medications please write"no medicines taken"

Medicine name and how many?	How often do you take?	Medicine name and how many?	How often do you take?