

HCA Clinical Booking Form

Please call reservations on **020 7908 2130/1** to confirm bed & theatre availability, or Endoscopy on **020 7908 2185**
reservations.pgh@hcahealthcare.co.uk

PATIENT INFORMATION

Title: Surname:
Forename: Sex: M / F
Date of birth: Nationality:
Address:
Postcode: Contact Tel:
Patient previously treated at a HCA facility?: Yes No
If Yes, MR Number: X
G Number (reservations use only):
Interpreter needed: Language:
Access assistance: Specify:
Dietary requirement: Specify:
Referring GP/Doctor:
GP/Doctor Address:
2nd GP (if not referral source):
2nd GP Address:

TREATMENT INFORMATION

Consultant:
Contact Number:
Anaesthetist:
(cc Anaesthetist when sending form)
Admission date: Time:
Procedure date: Time:
Length of stay:
Diagnosis:
Anaesthetic type: G/A L/A L/A & Sedation Sedation
Procedure:
.....
.....
.....
OPCS Code:
Relevant Medical History: Clinic letter attached
Allergies/current meds (ask patient to bring medication with them):
.....

PATIENT ACCOUNT

Self-Pay?: Yes Please note: payment is due on/before admission
Quote requested: Yes Patient quote(£):
Insured?: Yes Insurance Co:
Policy Number:
Other sponsored: Yes Sponsor (eg.Embassy):
Reference Number:

THEATRE PLANNING

Special requests:
.....
.....
.....
Approx time required:

MDT & PRE-ADMISSION SCREENING

Has the patient been discussed at MDT? Yes No
MDT documentation attached to this form? Yes No
If no documentation attached, please give reason:
.....
Does the patient require pre-assessment? Yes No
Pre-assessment pack sent to patient? Yes No
Preparation kit sent to patient?(Endoscopy only) Yes No

Confirmed telephone booking with (Hospital staff name – only required if not a set session):
.....

Intensive Care required? Yes No
HDU required? Yes No
Image required? Yes No

Tests on Admission:(Arranged only on completion of this form & signature of Consultant)
FBC U&E LFTs Clotting Group & save
X-match___Units Sickle ESR MSU
PTT Platelets Glucose Fasting Lipids
Fasting Glucose ECG Chest x-ray
Physio Shave Additional forms attached

Date:

Received by (HCA staff member):
Date:
Booking accepted by:
Booking rejected by:
Date: