

## DECLARATION CONCERNING CLAIM FOR HOSPITALISATION

### All patients to complete and sign informed financial consent.

At the time of joining your health fund or upgrading your cover, did you have any symptoms of this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did you join your health fund?	
Have you changed your level of cover with your health fund in the past 12 months? <i>(If YES, it is important you contact your health insurer to clarify your coverage for admission)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
When were you first aware of the symptoms of your condition?	
Is your hospital admission the result of an accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify the type of accident e.g. road, work, home, sport, other:	
Is there any right to claim workers' compensation, third party insurance or damages from any other source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was the cause of your injury?	

- I hereby declare and warrant that all of the above information provided is true and correct.
- I authorise sportsmed hospital and orthopaedics, or any other authorities concerned with this hospitalisation, injury, condition or the treatment or diagnosis, to supply all information, including hospital casemix protocol information, as required by the Australian Federal Government, to the private health fund for the purpose of providing private health insurance in accordance with the funds privacy policy.
- I authorise my health fund to pay benefits directly to sportsmed hospital and orthopaedics.
- I have been advised that there may be out-of-pocket costs associated with my hospital admission.
- I understand that I will be responsible for any costs not covered by my private health fund/insurer.
- I agree to pay any additional costs associated with my hospital admission, including costs not covered by health fund restrictions or exclusions.
- I have been given the pre-admission booklet outlying the financial account information

**DISCLOSURE:** sportsmed Hospital and Day Surgery is operated by SPORTSMED-SA Hospitals Pty Ltd (sportsmed Hospital). Your sportsmed surgeon is a shareholder in sportsmed Hospital. To the extent that sportsmed Hospital derives income in respect of your treatment and care and to the extent that this may benefit the shareholders of sportsmed Hospital, your surgeon may receive a benefit from your treatment and care. sportsmed Hospital has a number of arrangements with suppliers which are entered into on ordinary commercial terms. Some of these arrangements provide for volume discounts on purchases e.g. consumables. Others provide a financial rebate to sportsmed Hospital based on the quantity of purchases. Any prosthesis recommended by your surgeon may be subject to such an arrangement. To the extent that rebates impact on the profitability of sportsmed Hospital and to the extent that profitability benefits shareholders, your surgeon may receive a benefit from prescribing prostheses which are subject to these arrangements. The value of any such benefit, in respect of each prosthesis, is indeterminate as the applicable rate of the rebate is not known until each annual volume reconciliation is completed, however total rebates do not exceed 5% of all prostheses purchases.

Full name:

Signed (patient/guardian/legal guardian)

Date  /  /

Revised March 2019



Surname	.....
First name	.....
DOB	.....
Address	.....

Please tick box and attach separate sheet for any lists below if required.	Yes	No	details / specify	staff use / initial actions
Have you previously been admitted to sportsmed hospital or day surgery?				
Have you been admitted to ANOTHER Hospital or day surgery in the last 12 months?				
Do you have any allergies or sensitivities to medicines, tapes, foods, latex, other?			Specify allergy and reaction:	Notify anaes chef / HCO
Have you ever had a blood clot in your legs (DVT) / or lungs (PE)?			Please specify:	
Do you have any family history of blood clots?			Please specify:	
Are you currently taking any medications to prevent blood clots or "blood thinners"?			Please specify:	Notify as approp
Do you have any heart problems? e.g. heart attack, heart surgery, angina, pacemaker, stents			Details: Specialist:	
Pacemaker model no:				
Are you currently taking any medications relating to a cardiac condition?			Please specify:	Notify as approp
Do you have diabetes?			Diet:            Tablets: Insulin:        Type:	Notify chef
Could you be pregnant?				Notify as approp
Do you have a history of falls?			Please specify:	
Do you or have you ever smoked?			Number per day: Date stopped:	
Do you drink alcohol?			Amount per day:	
Do you use recreational or alternative drugs?			Type: List below	
Have you ever had an infection following surgery? (including MRSA, VRE, C-Diff)			Details (year etc.):	Notify IC / surg if approp
What are your sport, leisure, physical activities?				

### PAST MEDICAL AND SURGICAL HISTORY

Please list all previous serious illnesses, operations and the years you had them including any implants or prosthesis in your body. Please include any previous surgery to limb being operated on first.


### MEDICATION HISTORY

Please list all medicines that you are currently taking including those to be stopped prior to surgery. For example: aspirin, warfarin, anti-inflammatory, steroids, contraceptive pill, and alternative medicines (e.g. fish oil). (Please attach a list if not enough room or you have one from your GP)

**PLEASE BRING ALL MEDICINE, INSULIN, PUFFERS YOU ARE CURRENTLY TAKING TO HOSPITAL IN THEIR ORIGINAL LABELLED PACKAGE. NO DOSETTES PLEASE.**

Medication	Dose	Directions	Notify surg / anaes if approp

PATIENT HEALTH HISTORY

Please tick box and attach separate sheet if required.	Yes	No	details / specify	staff use / initial actions
Do you have hypertension / high blood pressure?			Managed by:	
Do you have a bleeding / clotting / bruising disorder?			Details:	Notify anaes
Do you have a history of stroke / mini strokes or TIAs / Multiple Sclerosis / Parkinson's Disease?			Details:	
Have you ever been diagnosed with cancer / lymphoedema?			Type: Year:                      Site:	Notify surg
Have you ever had an anaesthetic before?				
Have you had problems / reactions to anaesthetics?			Please specify:	Notify anaes
Do you have any jaw or neck stiffness?				
Do you have a lung or chest condition? e.g. asthma, emphysema, bronchitis			Do you use: Nebuliser              Puffers	Puffers to theatre
Do you ever get short of breath or have palpitations?			Details:	
Do you have sleep apnoea? (If you use a CPAP machine, please bring to hospital/day surgery)			CPAP:                      Yes / No	Notify anaes
Have you had any faints, blackouts or seizures?			Date of last:	
Do you suffer short term memory loss or confusion?			Details:	
Do you suffer from depression, anxiety or other?			Details:	
Do you suffer from migraines?			How often?	
Do you have any problems with your vision? e.g. cataracts, wear glasses / contact lenses.			Specify:	
Do you have any problems with your hearing? Do you wear hearing aids?			Specify:	
Do you have any speech / swallowing difficulties?				
Do you require an interpreter?				
Have blood tests / x-rays / scans been taken for this admission?			When and where:	
Have you ever had a blood transfusion or other blood products administered?			Reactions or adverse outcomes?	
Do you have thyroid problems?			Type:	
Have you ever had jaundice, hepatitis, HIV related illness or liver disease?			Specify:	
Do you have any gastric problems e.g. reflux, stomach ulcers				
Have you had gastric / lap banding?			Has the band been deflated? Yes / No	Notify anaes
Do you have any bowel problems? e.g. constipation, diarrhoea, diverticulitis, stomas			Details:	
Do you have any kidney or bladder disorders? e.g. frequency incontinence, urgency			Details:	
Are there any issues with your skin integrity e.g. ulcers, lacerations etc.			Details:	
Do you have any special dietary requirements? e.g. diabetic, gluten / lactose free / food allergies			Details:	Notify chef
Have you had any recent dental issues / treatment?			Specify:	
Do you normally live alone / with family / friends / nursing home / other?			Specify:	
Do you use mobility aids? e.g. frames, crutches, wheelchair			Specify:	
Do you have an advanced care directive or medical power of attorney?			If yes, please bring with you	
Have you ever had an ACAT assessment?				
When discharged, do you intend to return to your usual residence?			If no, where?	
Do you currently receive any home help?				

**Please obtain and provide latest medication history from your GP or pharmacist**

OFFICE USE ONLY:	Anaesthetist:	Physician:	Pre-Admission:
Recommendations:			



At sportsmed hospital and orthopaedics we are committed to ensuring that you are informed about your financial obligations. Depending on your private health fund coverage you may be responsible for a range of out-of-pocket hospital costs. When surgery is recommended you will be given a comprehensive financial estimate from your surgeon's personal assistant for the operation, attending surgeon, his/her assistant, anaesthetist and incidental charges at the time of booking. Depending on your coverage, private health funds may rebate some of the cost associated with orthopaedic services.

**With regards to private health insurance it is important to remember the following:**

- Some levels of cover require you to pay an excess, a co-payment, or both, which you will be required to pay on admission
- Your level of cover may also require you to pay a private room fee, as sportsmed only offers private room
- Some levels of cover have restrictions or excluded services
- Most cover has waiting periods that exclude certain cover during a set period of time after the cover is initially taken out or changed
- Pre-existing ailment rules apply and your cover may be subject to these rules
- Possible surgeon gap fees are payable on admission

Does your hospital insurance include ambulance cover?  Yes  No

(We strongly recommend you check with your private health fund to find out if you are covered for ambulance transport and if so, your level of cover)

Emergency ambulance transport only  Yes  No

Ambulance transport between health facilities  Yes  No

SA Ambulance cover (if applicable) membership number .....

**All liability for expenses associated with hospitalisation lies with the patient. Please ensure that you confirm your level of cover with your private health fund, workers' compensation/third party provider or Department of Veterans' Affairs (DVA) so you know exactly what excess you may be expected to pay on admission.**

- sportsmed Hospital account costs may include:
- Excess and/or co-payments
  - Prosthetic gaps
  - Services or treatments restricted under your level of cover other service provider accounts:

Depending on the nature of your surgery you may receive additional expenses from or in relation to the following, some of which may be payable on admission/discharge:

- Surgeon
- Surgeon's assistant
- Anaesthetist
- Physiotherapist
- Podiatrist
- Pharmacist
- Radiologist
- Pathologist
- STD and mobile phone calls (if you have used the phone in your room during admission)
- Crutches, walking sticks or aids
- Slings, braces, stockings
- Boarder fees
- Debt recovery costs
- Ambulance transfer fees