



Admission Information Form

Please complete this form in **BLOCK LETTERS**.

Unit Record No. _____
Surname _____
Given Names _____
D.O.B. _____ Sex _____

AFFIX PATIENT IDENTIFICATION LABEL HERE

Patient Details

Title Mrs Miss Ms Other:

Date of Birth: / /

Surname:

Given Name/s:

Address:

Phone Numbers: H: ()

W: ()

M:

Religion:

Next of Kin

Name:

Relationship:

Address: Same as above Yes No

Phone Numbers: H: ()

W: ()

M:

Emergency Contact - other than Next of Kin

Name:

Relationship:

Address:

Phone Numbers: H: ()

W: ()

M:

Health Fund

Health Fund Name:

Membership Number:

Medicare Number:

Valid to:

GP details:

Person Responsible for Account - if other than Patient

Title Mr Mrs Miss Ms Other:

Date of Birth: / /

Surname:

Given Name/s:

Home Address:

Phone Numbers: H: ()

W: ()

M:

Employer:

Credit Card Details

If you choose to pay your account by credit card, please complete below.

Mater Mothers' Private Redland will deduct charges upon your discharge from hospital which may include pharmacy, Health Fund excess, telephone charges and meals for relatives.

Card type:

Cardholder's name:

Card number:

Expiry date: / /

Cardholder's signature:

Previous Hospital Visits

Have you ever been admitted to a Mater Health Services facility before? No Yes

Previous name if changed since last visit:

Office Use Only: UR# _____

Bed Allocated: _____

Account notes: _____

Financial details: _____

Excess: _____

Co-Payment: _____

Level of Cover: _____

Financial 12 months: _____

Date verified: / /

Signed: _____

Please telephone Mater Mothers' Private Redland on 07 3163 7444 to arrange a booking-in appointment. This must be done before you are 20 weeks pregnant and is provided by one of our qualified midwives. The booking-in appointment will take approximately one hour. If you have a hearing impairment or speak a language other than English, please arrange for someone to assist you during the appointment.