Patient Booking Form

Issue **January 2021** Review **January 2024**

NEW VICTORIA HOSPITAL

184 Coombe Lane West, Kingston upon Thames, Surrey, KT2 7EG

Please complete this form in full and return to **admissions@newvictoria.co.uk** or fax to **0208 949 9440**

Consultant surgeon/physician:	

Patient first name:	**Title:**
Patient surname:	
Hospital number:	
Address:	
Email:	
Date of birth:	**Age (if under 16):**
Home tel no.:	**Parent's name:**
Mobile tel no.:	**Work tel no.:**

Reason for admission/operation	**Laterality:** ☐ N/A ☐ Bilateral ☐ Left ☐ Right
OPCS (Procedure) Code:	**Image intensifier: Yes:** ☐ **No:** ☐
Length of procedure:	
Type of prosthesis/theatre equipment/loan kit/supplier	
Do you require a Surgical First Assistant? Yes: ☐ **No:** ☐ **N/A:** ☐	

PLEASE INDICATE PRIORITY LEVEL OF YOUR PATIENT		
PRIORITY LEVEL 1A (EMERGENCY)	**Operation needed (within 24 hours)**	☐
PRIORITY LEVEL 1B (URGENT)	**Operation needed (within 72 hours)**	☐
PRIORITY LEVEL 2	**Surgery that can be (delayed for up to 4 weeks)**	☐
PRIORITY LEVEL 3	**Surgery that can be (delayed for up to 3 months)**	☐
PRIORITY LEVEL 4	**Surgery that can be (delayed for more than 3 months)**	☐

Has this patient been discussed at an MDT? Yes: ☐ **No:** ☐ **N/A:** ☐

Anaesthetist:

Insurance co.:
Policy no.:
NHS no.:
Authorisation no.:
Self pay: ☐ **Fixed price package:** ☐
Hospital fee:
Consultants fee:
Anaesthetist fee:
Total:

Nil by mouth from:		**Inpatient:** ☐
Water from:		**Length of stay:**
GA: ☐	**LA: (No Nil By Mouth)** ☐	**Day Case:** ☐
IV Sedation: ☐	**Regional block:** ☐	

INVESTIGATIONS: NB: Signed forms needed for Cross match, Group & Save, Xrays, & Scans:
Pre-Admission:
On Admission:
MRSA Required? Yes: ☐ **No:** ☐ **N/A:** ☐

Date & time of operation:	
Nurse/secretary/consultant: (Name in block letters):	**Signature:**

ALL FIELDS MUST BE COMPLETED CLEARLY IN BLOCK CAPITALS