

# Patient Booking Form

Issue March 2023 Review March 2025

Please complete this form in full, attaching clinic/referral letters and return to [admissions@newvictoria.co.uk](mailto:admissions@newvictoria.co.uk)

Consultant:		
Anaesthetist:		
Patient surname:		Title:
Patient first name/s:		Sex at birth:
Date of birth:	Age:	Current gender:
Address:		
Postcode:		
Email:		
Tel no:	Mobile:	
NVH Hospital no.: M	NHS No.:	

Operation/reason for admission				
Laterality:	N/A: <input type="checkbox"/>	Bilateral: <input type="checkbox"/>	Left: <input type="checkbox"/>	Right: <input type="checkbox"/>
OPCS (Procedure) Code:		Length of procedure:		
Image intensifier: <input type="checkbox"/>	Surgical first assistant: <input type="checkbox"/>			
Prosthesis/theatre equipment required				

If the patient requires cancer-related surgery, has this been discussed at MDT:  
Yes:  No:  N/A:  If yes please provide evidence of MDT discussion:

Date of admission:	Time of admission:	Time of surgery:	
Patient type: Day case: <input type="checkbox"/>	Inpatient: <input type="checkbox"/>	Length of stay:	
GA: <input type="checkbox"/>	LA: <input type="checkbox"/>	LS: <input type="checkbox"/>	Block+sedation: <input type="checkbox"/>
Nil by mouth from: Food:	Fluid:	BMI:	
Is pre-op assessment required?: <input type="checkbox"/>	MRSA required?: <input type="checkbox"/>	Covid test required?: <input type="checkbox"/>	
Is the patient double vaccinated?: <input type="checkbox"/>			
Investigations required pre-admission:			
Investigations required on admission:			

## Medically insured patients

Insurance company:	
Membership number:	Authorisation:

## Self-funding patients

		FPP: <input type="checkbox"/>
Consultant fee:	Anaesthetist fee:	
Hospital fee:	Total:	
Additional costs:		

If you wish to charge outside the NVH fee structure please specify below

Consultant fee:	Anaesthetist fee:
Hospital fee:	Total:

Please attach self pay quote:

Signed:	Date:
NVH use only:	Date received: