

# Patient Booking Form

Issue December 2021 Review December 2022

Please complete this form in full and return to [admissions@newvictoria.co.uk](mailto:admissions@newvictoria.co.uk)

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

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

<b>If the patient requires cancer-related surgery, has this been discussed at MDT:</b>	
<b>Yes:</b> <input type="checkbox"/>	<b>No:</b> <input type="checkbox"/> <b>N/A:</b> <input type="checkbox"/>
<b>If yes please provide evidence of MDT discussion:</b>	

<b>Date of admission:</b>	<b>Time of admission:</b>	<b>Time of surgery:</b>
<b>Patient type: Day case:</b> <input type="checkbox"/>	<b>Inpatient:</b> <input type="checkbox"/>	<b>Length of stay:</b>
<b>Nil by mouth from: Food:</b>	<b>Fluid:</b>	<b>BMI:</b>
<b>Is pre-op assessment required?:</b> <input type="checkbox"/> <b>MRSA required?:</b> <input type="checkbox"/> <b>Covid test required?:</b> <input type="checkbox"/>		
<b>Investigations required, pre-admission:</b>		
<b>Investigations required on admission:</b>		

## Medically insured patients

<b>Insurance company:</b>	
<b>Membership number:</b>	<b>Authorisation:</b>

## Self-funding patients

**FPP:**

<b>Consultation fee:</b>	<b>Anaesthetist fee:</b>
<b>NVH fee:</b>	<b>Total:</b>
<b>Additional costs:</b>	

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

<b>Consultation fee:</b>	<b>Anaesthetist fee:</b>
<b>NVH fee:</b>	<b>Total:</b>

Please attach self pay quote

<b>Is the patient double vaccinated?:</b> <input type="checkbox"/>
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<b>Signed:</b>	<b>Date:</b>
<b>Office use only:</b>	<b>Date:</b>