

# 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)

Consultant:		
Anaesthetist:		
Patient surname:	Title:	
Patient first name/s:	Gender 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: <input type="checkbox"/>	No: <input type="checkbox"/> N/A: <input type="checkbox"/> 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:
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"/>		
Investigations required, pre-admission:		
Investigations required on admission:		

## Medically insured patients

Insurance company:	
Membership number:	Authorisation:

## Self-funding patients

FPP:

Consultation fee:	Anaesthetist fee:
NVH fee:	Total:
Additional costs:	

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

Consultation fee:	Anaesthetist fee:
NVH fee:	Total:

Please attach self pay quote

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