

Patient Booking Form

Issue March 2026 Review March 2029

Please complete this form in full, attaching clinic/referral letters and return to 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		Mobile
Next of kin	Relationship	Mobile
NVH Hospital no. M		NHS No.

Operation/reason for admission	

Prescription sent to Pharmacy for infusions <input type="checkbox"/>	
Laterality: Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> N/A <input type="checkbox"/>	
OPCS (Procedure) Code/s	Length of procedure
Image intensifier <input type="checkbox"/>	II booked <input type="checkbox"/>
Surgical First Assistant <input type="checkbox"/> Internal NVH <input type="checkbox"/> External NVH <input type="checkbox"/> Name	

Prosthesis/theatre equipment required	

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"/>		Spinal+sedation <input type="checkbox"/>
Nil by mouth from Food		Fluid
Is pre-op assessment required? <input type="checkbox"/>		MRSA required? <input type="checkbox"/>
Investigations required pre-admission		
Height	Weight	BMI
Acceptable BMI at New Victoria is 40. Any higher BMI will need to be agreed by an anaesthetist		
Is patient on any blood thinners? Name of drug		
All patients on anti-coagulants cannot be booked less than 7 days of surgery date.		
Does the patient require an MDT? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Please refer to Multidisciplinary Team Working: A Resource for Independent Sector Providers, IHPN, June 2024.		

Medically insured patients

Insurance company	
Membership number	Authorisation

Self-funding patients (please attach Self Pay quotation) FPP fee split

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

Submitted by	Date
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