

Admission Date: / /

Admission Time:

Fasting Time:



**BURNSIDE
HOSPITAL**

Patient Admission Form

This admission form is to be used for all patient admissions to the Burnside Hospital
(Medical, Surgical, Obstetric, Sleep Centre and Oncology Patients)



Thank you for choosing Burnside War Memorial Hospital

Providing safe contemporary care to every patient, every time.

*Burnside War Memorial Hospital Inc.
120 Kensington Road Toorak Gardens SA 5065
Telephone: 8202 7222
www.burnsidehospital.asn.au*

SECTION A

INSTRUCTIONS

Step 1

- **All Patients to complete:**

Please complete and detach the centre booklet, **Section B** including 'Patient Admission Form' and 'Your Health Assessment' and return to Burnside Hospital **as soon as possible** (*no less two working days*) prior to admission

Step 2

Retain **Section A** for your information.

Step 3

- **Maternity Service Patients Only** : in addition to completing Section B please:
- **Retain Section C (pages C1 - C2) and return in the 34th week of your pregnancy**
- **Note:** The return of these documents is a requirement for your booking / admission to be confirmed.

This booklet will help you through the following sections:

Page:

A:3 Burnside Hospital -

provides general information about the hospital's facilities and services.

A:8 Rights and Responsibilities -

outlines your rights and responsibilities while in hospital. Please read this section carefully and telephone Burnside Hospital if you have any questions or concerns.

A:9 Planning For Your Return Home -

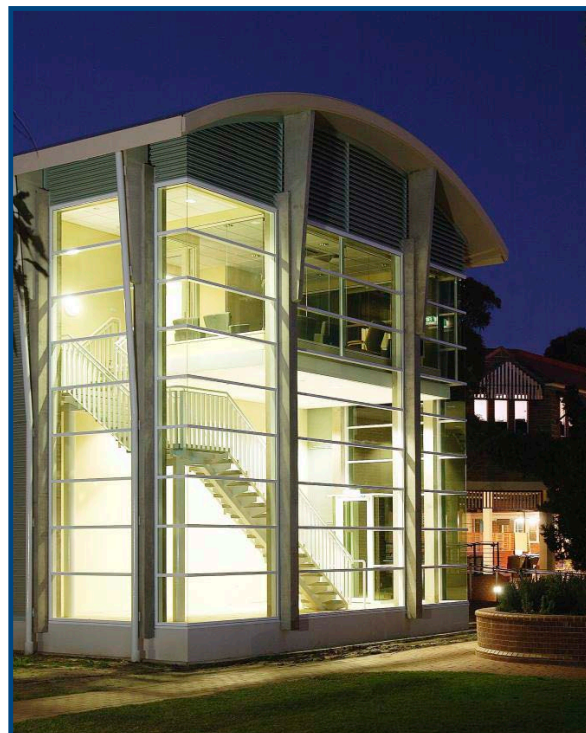
this information will assist you in preparing for your return home. Please read this carefully before coming into hospital.

B:3 Information Required -

this section provides Burnside Hospital with your general information and account settlement terms. Please complete this section as best you are able before coming into hospital.

B:6 Your Health Assessment -

*this will assist the hospital with an overview of your general health to enable us to provide you with the best possible care and help us organize any admission tests you may require.
(Please note that Part 2 is for Maternity Patients only)*



About The Burnside Hospital

Thank you for choosing the Burnside Hospital for your hospital stay. The Burnside Hospital is committed to providing premier acute medical, surgical and obstetric health care for patients, their families and support persons.

Our highly skilled and professional staff are dedicated to caring for adults and newborns across a wide range of specialities. The key values of respect, teamwork and quality, create the people-centred environment in which we care for our patients recognising their individual needs and treating them with sensitivity, care and compassion.

Burnside is set adjacent to the tranquil, heritage-listed gardens in a quiet, yet accessible location just ten minutes from Adelaide's city centre. It has a longstanding reputation for excellence and attracts patients from throughout South Australia, interstate and overseas.

As a not-for-profit community-based organisation, the Hospital reinvests all surplus funds in improving and upgrading services, facilities and equipment.

Our care and service standards have earned the hospital continuous accreditation by the Australian Council on Healthcare Standards since 1985.

In 2010 Burnside Hospital celebrated 60 years of service to the South Australian community.



Coming to Hospital

The entrance for Burnside Hospital is located off Kensington Road. Entry to the carpark at the front of the Hospital is located via Moore Street. When you park your vehicle in the grounds of the Hospital, you do so at your own risk and you remain responsible for your vehicle and any property in or on it at all times. We accept no responsibility and will not be liable for any theft, loss or damage that you or your vehicle may suffer, or any parking fines received.

Disabled permit parking is located near the main entrance. Two hour and in some streets all day parking is available around the perimeter of the Hospital. Please observe parking restrictions.

When we contact you prior to admission, our staff will advise you where to present on the day of admission. They will also advise you of the time you are expected to arrive at the hospital.

Please note, this is your admission time, which is determined by your Doctor's rooms, not your theatre time. Your admission will allow for the completion of all your preoperative preparation.

Patients being admitted via the Short Stay Procedure Unit (SSPU) Reception are asked to limit their visitors to one family member or friend. Once you have been admitted your visitor will not be able to accompany you in to the patient waiting area unless there are exceptional circumstances i.e. parent of child.

Prior to your admission or surgery you may be seen by an Anaesthetist and you will have the opportunity to ask questions and discuss any outstanding issues with nursing staff. For obstetric patients, anaesthetists are available via referral from your admitting doctor through their respective Anaesthetic group.

Your doctor sets the order of their operating list and decides what time you need to be admitted. Although your doctor decides what time you come into the Hospital, we do make every effort to keep your waiting time to a minimum, but sometimes delays are unavoidable. We will keep you informed of any delays, but suggest you bring a book just in case.

Some patients may be suitable to use the paging system which allows patients to leave the immediate area provided they remain on the Hospital premises. Please ask the SSPU nursing staff about this service if you are interested.

Personal Effects and Valuables

Please leave all valuables at home. You should only bring with you any cash/credit card required to settle your account. Regrettably, we accept no responsibility for loss of, or damage to, personal property kept by patients.

All overnight rooms with the exception of the High Dependency Unit are fitted with personal safes which you can use by selecting your own security code. Patients are strongly encouraged to use this facility.

Patients with Carers

Please advise us if you are dependent on a carer. ***If arrangements have been made with the Hospital prior to your admission***, they are welcome to accompany you and stay with you overnight as a boarder (Boarding fees may apply). This can be arranged by contacting the Hospital Coordinator on 8202 7222 extension 540 Monday to Friday 8 am – 4 pm.



Before coming to Burnside Hospital

Please ensure you have all details listed below to enable our staff to assist you.

ADMISSION CHECKLIST

For your convenience we have provided a check box list.

- All completed forms
- Your Medicare Card
- Private Health Insurance details (your insurers name, member number and level of cover)
- All current medicines and prescribed dosage of each in the **original labelled container** (not in a dosette)
- Name, address and phone number of:
 - Your next of kin
 - A contact person in case of an emergency
 - The person responsible for paying your account
 - Your General Practitioner

If you have Private Health Insurance you will be required to pay the excess and maximum co-payments as per your estimated length of stay no later than the day prior to **admission** and any additional or out-of-pocket expenses before going home.

If Applicable:

- Your Health Care Card
- Your Concession Card
- Your Commonwealth Seniors Health Card
- Your Safety Net Card
- Your DVA Repatriation Card
- Authority to Admit letter from DVA or WorkCover
- Your credit card for payment
- A copy of your Power of Attorney or Advanced Health Directive
- A list of questions you would like to ask
- Your Pregnancy Health Record (Maternity Patients)

What to pack if staying overnight

We would like you to only bring items that you specifically require.

For your convenience we have provided some suggestions:

- Small carry bag
- Dressing Gown
- Nightwear eg. Pyjamas
- Slippers
- Toiletries (including soap and tissues)
- Book or magazine
- Contact lenses and/or glasses & Hearing Aid
- A change of casual clothes to wear once you start to return to normal activities
- Small amount of cash for magazines or incidentals from Cafe Otto (open week days between 9am - 5.30pm)

In addition to the above, **Sleep Centre patients only will need to bring with them or note:**

- Any alcohol you would normally consume before retiring
- Your own pillow
- If you usually take a sleeping tablet, please bring it with you to take before bed, otherwise, please DO NOT take any sleeping tablets
- Please have your evening meal prior to admission as only a light supper is provided

(Continued Overleaf)

Before coming to Burnside Hospital (cont.)

What NOT to bring

We strongly advise you not to bring any valuable items to hospital including:

- Jewellery or other valuables of either sentimental or monetary value
- Large amounts of cash

If you are having surgery

On the day of your admission please:

- Bathe or shower and wash your hair before arrival
- **Do NOT** wear any chemicals, for example perfume, makeup, nail polish, hair spray, body lotion or deodorant
- Wear loose comfortable clothing and shoes
- **Do NOT** smoke or drink alcohol in the 24 hours prior to your surgery
- **Do NOT** wear any jewellery
- Take medicines as advised by your treating doctor (if unsure, please clarify with your treating doctor)
- Complete any special requirements requested by your doctor for example skin or bowel preparation.

Sleep Centre

- Male Patients: the quality of the recording will improve if you shave before you leave home for your study. Bearded men - you DO NOT need to shave off your beard.

For All Patients

If you have any questions please telephone Burnside Hospital on (08) 8202 7222 during business hours 8am – 5pm Monday – Friday.

Hospital accommodation

Our comfortably furnished rooms offer en-suite facilities, remote controlled television, radio and bedside telephone.

Broadband Internet Access

Internet Access is available for Patients Only via WiFi. A temporary guest account allowing internet access, can be made available upon request during your stay. While we make a best effort to filter this link for malicious traffic and inappropriate websites, no responsibility shall be borne by the hospital for any potential infection or exposure to your device while on our Guest network. Whilst there is greater security than on many public WiFi networks, we still recommend not to conduct confidential banking or financial transactions whilst connected to our Guest network and we also recommend that you use up to date security software to protect yourself from internet based threats. Please note that commonly used applications should work as expected but due to policy restrictions some applications may not work on this link. Please contact reception between 7am - 9pm to arrange for a username and password.

Country patients

An accommodation guide for country patients is available on request by contacting the Hospital Coordinator on 8202 7222 extension 541.

Cleaning of rooms

During your stay our housekeeping staff will clean your room daily. This process will occur at differing times of the day and is for your comfort, and to meet optimal Infection Control Guidelines.

Meals in hospital

Our catering staff are always pleased to assist with your individual dietary needs.

Please ask to see a staff member if you need a special diet for clinical, religious or personal reasons. A consultant dietician is available to discuss your special dietary requirements relating to your current medical / surgical condition if required. Please discuss this with your doctor.

Smoking

Burnside Hospital is a “**No Smoking**” facility. For reasons of personal health, environmental care and fire safety, smoking is strictly prohibited within the hospital buildings, within 15 metres of the buildings perimeter and also in the Attunga Gardens. Please discuss with your GP, admitting doctor or the Quit Line to plan for your non-smoking admission.

Interpreter

Our staff are able to arrange for an interpreter service if required. Where possible, please contact the Hospital Coordinator on 8202 7222 extension 541 to discuss this prior to admission.

Clergy / Pastoral Care

The Hospital does not provide chaplaincy services; however, at your request staff will be happy to notify your spiritual representative of your admission.

For your visitors

Waiting during surgery or a procedure

When you are ready for surgery, your family, carer or friends may wait in your room, a nearby comfortable lounge or in Cafe Otto.

Visiting hours

Visitors can make a significant contribution to a patient's recovery, and as such Burnside Hospital has adopted liberalised visiting hours during the day to ensure that our patients needs in relation to their personal and care requirements are met. Patients are encouraged to discuss their preferred visiting arrangements with family and friends and confirm these with the nurse / midwife on admission.

However, treatment times, educational requirements and the need for rest are also important considerations so it is advisable to check with the patient and / or nurse / midwife before visiting.

Visitors are requested to approach the nurses' station prior to visiting a patient for the first time and to observe signage on the door of the patient's room.

For security reasons the hospital is secured between the hours of 10 pm and 6 am each day so visiting during these times must be negotiated with hospital staff and will be granted on a need only basis.

If your family and friends would like to contact you whilst in hospital, the contact number is (08) 8202 7222. To prevent any concern for your family or friends, please ensure they understand that we are unable to disclose any details about you and your condition or progress to anyone without the patient's direct instruction.

Meals for visitors

There are a number of meal options for your visitors:

Cafe Otto located on the ground floor, sells a range of beverages, snacks, light meals, magazines and gifts. The Cafe is open weekdays between 9am and 5.30pm and Saturdays between 10am and 2pm (subject to volunteer staffing). All profits support the hospital.

Vending machines containing snacks and cold drinks are located by the rear stairs on the ground floor. Alternatively there are numerous meal options available at the numerous cafes/eateries located in the nearby shopping precincts.

Patient accounts

Patients are responsible for the payment of their hospital account. MEDICARE does NOT cover any private hospital charges. If you are a health fund member, hospital staff will submit your claim on your behalf. Depending on your level of cover, private health insurance will cover some or all of the private hospital charges. **Any health fund excess or gap, including that applying to "Basic Cover", must be paid prior to or on arrival.** Upon discharge, you must pay any difference between the account and the health fund benefit.

We urge you to check with your health fund and / or the Hospital prior to your admission to determine your level of cover, any excess payable and any other out of pocket expenses that may arise during your stay.

If you do not have private health insurance, or an approved Worker's Compensation or Third Party Claim, then our Accounts staff will provide an estimate of the total cost of your hospitalisation. The estimated fees must be paid prior to admission. Any shortfall between the estimated and actual fees for your hospitalisation must be paid on discharge. Personal cheques are not accepted. Payment can be made by credit card or by direct debit.

Please direct any enquiries to our Accounts staff on (08) 8202 7201.

Privacy Statement

Protecting Your Privacy

Burnside Hospital is committed to providing its patients with the highest standards of health and service. This includes respecting and upholding their rights to privacy protections in compliance with the Privacy Amendment (Enhancing Privacy Protection) Act 2012, Australian Privacy Principles (APPs) which amends the Privacy Act 1988.

The personal information we collect from you will be used primarily to ensure that you receive optimal healthcare and treatment in our hospital. It may be used for other related purposes only with your consent. If the personal information is not collected from you, we will be unable to provide you with health services.

Under the Privacy Act 1988, if we collect personal information from you we are required to take such steps (if any) as are reasonable in the circumstances, to notify you of certain matters under the Australian Privacy Principles. In addition to the privacy information given above, information about the following matters is set out in our Privacy Statement:

- The Circumstances in which we may collect personal information about you from someone else.
- The purposes for which we will collect personal information about you.
- The types of organisations or people that we usually disclose personal information to which is of the kind that we collect from you.
- How you may complain about a breach of the Australian Privacy Principles and how we will deal with such a complaint.
- Whether we are likely to disclose the personal information we collect about you to an overseas recipient and if so, the countries in which those recipients are likely to be located.

If the collection of personal information from you is required or authorised by or under an Australian law or a Court/tribunal order, we will at the time of collection take such steps (if any) as are reasonable in the circumstances to advise you of this (including the name of the Australian law, or details of the Court/tribunal order that requires or authorises the collection).

Our Privacy Statement is available on our website at www.burnsidehospital.asn.au

In addition, our Personal Information Management (Privacy) Policy is available at hospital reception. That policy includes further information about our procedures for managing personal information. Please direct any further questions you may have about the Privacy Statement or Personal Information Management (Privacy) Policy to our Privacy Officer at the telephone number or address provided in our Privacy Statement.

Your Personal Information

We collect personal information from patients so that we can provide appropriate treatment and care, and for administrative purposes.

This may include: name, date of birth, next of kin, address, telephone number(s), occupation, religion, health information (which may sometimes be provided by others associated with their health care), treating specialist and general doctor practitioner/referring doctor.

We also hold transaction details associated with services we have provided, and any other information given to us, including through patient surveys.

Storing Personal Information

We aim to ensure that the personal information we hold is accurate, complete and up to date. Burnside Hospital stores, uses and, where necessary, transfers personal health information contained in hard-copy, paper-based and electronic records in a secure manner. We will retain information after a patient's last contact with us for as long as is legally required or to reasonably meet our administrative needs.

Accessing Personal Information

Individuals may request access to personal information held by Burnside Hospital, and ask us to supplement or correct information they believe is incorrect, incomplete or inaccurate. These requests must be made in writing. We may charge a fee to cover the cost of searching for and providing access to information we hold. In circumstances in which access is restricted, the reasons for denying access will be explained.

Individuals can request that their health information held by us, be made available to another health service provider. More detailed information about accessing and amending personal information is outlined in our Privacy Policy.

Use and Disclosure

Personal information is used or disclosed by Burnside Hospital to enable us to:

- Provide optimal medical treatment and care in conjunction with the patient's health care team.
- Help individuals with their enquiries and administer the services we provide.
- Deal with private health funds/insurers concerning the treatment of patients.
- Share information with Medical Practitioners, Registered Nurses/Midwives service providers, such as pathologists and radiographers, and allied health professionals who provide necessary follow-up treatment and ongoing care.
- Participate in quality assurance, accreditation and audit programs.
- Benchmark and report patient care data to hospital committees.
- Meet Statutory/State Government reporting requirements.
- Render accounts and collect payment from patients and service providers.
- Notify relevant Disease Registers.
- Advise Debt recovery agencies.
- Inform future health care providers.
- Inform our solicitors or legal representatives.
- Assist organisations maintaining our information technology systems.

We will not disclose personal information about patients to any person except on a confidential basis to agents used in the ordinary operation of our business, such as for data processing, printing or mailing.

Marketing Information

We will seek a patient's **prior written consent** to use their personal information to provide information about the hospital's services and facilities or its fundraising activities. Permission to use personal information for these purposes may be withdrawn at any time.

Individuals may 'opt out' of receiving any communications from us (other than as required for the operation of our business, eg. account payment), by advising us in writing, by telephone or email.

Individuals can be dealt with anonymously, provided this is lawful and practical. However, this is not practical or possible for Medicare or insurance rebate purposes and, most importantly, could compromise our ability to provide optimal health care.

Privacy Complaints

If you believe that Burnside Hospital has breached your privacy rights in any way or you wish to discuss any issues about the hospital's Privacy Policy or statement, you can contact the Hospital's Privacy Officer who will address your concerns.

If the Hospital is not able to satisfactorily answer an individual's concerns, an individual has the right to make a complaint to the Privacy Commissioner by telephone 1300 363 992 or in writing to :

Office of the Privacy Commissioner
GPO Box 5218
Sydney NSW 2001

How to Contact Us

If you have any questions about our privacy and information management practices, or any complaint regarding the treatment of your privacy by Burnside War Memorial Hospital, please contact us as follows:

Privacy Officer
Burnside War Memorial Hospital Inc.
120 Kensington Road
TOORAK GARDENS SA 5065
ABN No. 84 816 192 280

A copy of the Privacy Policy can be obtained from Reception.

Telephone: **(08) 8202 7222**

Facsimile: **(08) 8364 0038**

Email: bwmh@burnsidehospital.asn.au

www.burnsidehospital.asn.au

Complaints / Compliments / Suggestions

At Burnside Hospital we aim to provide you with the highest possible standard of patient care. However, we realise that there may be times when you are not satisfied with the service or the care you receive. If so, you are entitled to express an opinion or make a complaint without concern. In the first instance, you should discuss the issue with your doctor or the Clinical Manager / After Hours Hospital Coordinator of the ward and attempt to resolve the situation. Where the problem cannot be resolved, you may convey your concerns in writing to the Chief Executive who will investigate your complaint or concern to resolve the matter as quickly as possible.

Alternatively you may use the “Your Impressions are Important to Us” form that can be found in the patient compendium in each room, or completed online via the Burnside Hospital Website:

www.burnsidehospital.asn.au

We will strive to quickly resolve any matter of concern to you or your family. If you think we warrant positive feedback, please also let us know what we are doing well.

Partnering with Patients and Families/Carers (R.E.A.C.H)

You know yourself or your loved one best and this is why we want you to let us know if you notice a worrying change. At Burnside Hospital we use a system called R.E.A.C.H, which is a communication process designed to help you share your concerns with us that maybe worrying to you and that have not yet been addressed or acted on by staff. On your admission to the hospital, staff will refer you to further information on how you can use the R.E.A.C.H process.



Recognise



Engage



Act



Call



Help is on its way

Rights and Responsibilities

Australian Charter of Healthcare Rights

The Australian Health Ministers adopted the Australian Charter of Healthcare Rights for use in Australia in 2009. The Charter specifies the key rights of patients and consumers when seeking or receiving healthcare services and was developed by the Australian Commission on Safety and Quality in Health Care.

The Charter is available to everyone in the healthcare system and allows patients, consumers, families, carers and service providers to share an understanding of the rights of people receiving health care. The Burnside Hospital supports the Australian Charter of Healthcare Rights.

There is also a South Australian Health and Community Services Complaints Act (2004) Charter of Health and Community Services Rights available to everyone in the healthcare system. The HCSCC Charter sets out the rights of people who use most health and community services in South Australia and to the family members, carers and nominees who act on behalf of a person seeking or using a service.

For more information, visit the Burnside Hospital website on www.burnsidehospital.asn.au and click on the following links:

- A guide for patients, consumers, carers and families
- A guide for healthcare providers
- Know your Rights when receiving a Health or Community Service.

Patient Identification

While in hospital you will be asked many times to identify yourself and the procedure or operation you are having (if any). This may include spelling your name and stating your date of birth.

This is not because the staff don't know who you are or what they are doing, but to ensure that we get it right every time. It's about your safety.

Fall's Prevention

Statistics tell us there is an increased risk of slipping or tripping while you are in hospital, especially if you are over 65 years old or have a history of slips, trips or falls at home.

The best way to prevent this is:

- Wear slippers / footwear with a non-slip sole when walking around (even to the toilet and back).
- Bring and use your walking aids eg. walking stick / frame etc.
- Do not use talcum powder in hospital.
- Wait for the nurse to assist you if you need support when walking.
- Plan your toileting needs rather than at the last minute, resulting in rushing to get to the toilet.

Medication Safety

Please bring with you all of your current medicines in their original labelled container. Tell the doctor and nurse / midwife about any natural therapies and over the counter medicines you take.

It is important that while in hospital you receive your normal medications. If your medications are changed your doctor or nurse / midwife will inform you.

Please ASK your doctor, nurse, midwife or pharmacist if you are unsure of any of the following:

- You are not receiving the same medication you take at home.
- You have been prescribed any new or different medications.
- You have concerns or you are worried about your medications.

Out of Hours Medical Care

Maintaining safety at Burnside Hospital is our single highest priority. We have a High Dependency Unit and a 24 hour, seven day a week medical support from a group of accredited intensive care specialists who manage more complex medical conditions, as required.

We have well-structured and rigorous assessment and review policies and procedures for patients considered to be higher risk, so with more complex clinical needs this category of patients can be more carefully assessed to ensure suitability for admission to Burnside Hospital.

Your medical requirements in the event of an emergency, either in or out of business hours will be managed by the Medical Emergency Team (MET) comprising advanced life support qualified nurses, your admitting doctor and supported by the 24 hour, on call intensive care unit specialist.

Open Disclosure

At Burnside Hospital we respect the right for every patient to be treated with care, consideration and dignity, and we are committed to improving the safety and quality of the care we deliver. That's why we have a policy of Open Disclosure for when things go wrong with the care we provide. Open Disclosure assists patients when they are unintentionally harmed by their healthcare.

If you would like to read further information about the Open Disclosure process please refer to the Clinical Manager, who can provide you with the pamphlet "Open Disclosure of things that don't go to plan: A Guide For Patients"

Social Media

While social media is a great platform to voice opinions, good and bad, about products and services, it would be appreciated if the privacy of other patients and staff, and opinions about the hospital, staff and doctors are not aired in this manner. Just as healthcare staff need to follow social media and privacy policies, patients who use social media need to be similarly responsible.

If you have any concerns about your care or management it would be appreciated if you would please discuss them with the hospital in the first instance.

Going Home - Planning Your Discharge

Coming to hospital can be an anxious time for some people. The following information will assist in reducing this anxiety by helping you prepare for your discharge. Planning to go home begins even before coming to hospital.

If you are unsure of any of the following please contact your admitting doctors' rooms:

- How long will I be in hospital?
- What should I expect during my recovery period?
- How long will my recovery take?
- Will there be any restrictions on my activities after leaving hospital?
- Will I need ongoing physiotherapy?
- Will I need to change my medicines?

The length of your hospital stay will be determined by many factors, and your doctor and hospital staff will keep you informed of your progress at all times.

Planning for your after hospital care can make a big difference to your recovery. It is important to think ahead and make sure you have enough support when you return home. Here are some points to think about when planning for your recovery at home.

Discharge after a short stay (day) procedure

Burnside Hospital is committed to the provision of high quality care for all patients and our aim is to make your time with us as comfortable, pleasant and as safe as possible. To ensure this is possible the Australian and New Zealand College of Anaesthetists and the Royal Australian College of Surgeons in conjunction with the Burnside Hospital recommends that:

- You will NOT be able to drive after your procedure for 24 hours or as advised by your surgeon and/or anaesthetist.
- You MUST make arrangements for a responsible adult to drive you home.
- If you are having a day procedure and you are living alone, you MUST make arrangements for a responsible adult (over the age of 18) to care for you overnight.
- You should stay within a one hour journey of a medical facility following your discharge.
- If the above options are not possible, please discuss alternatives with your doctor. It is important to note that admission to hospital overnight is not an option unless clinically required. Burnside Hospital will not accept responsibility for patients who are unable to comply with these recommendations.
- Discharge time following a day procedure varies as it depends on your surgery and your recovery.

Discharge after overnight or longer stays

Please note that for patients who have stayed overnight, including maternity patients, you should be prepared to leave Burnside Hospital by 10 am. If you are not able to arrange transport until later in the day, we will assist you to a patient lounge where you will have access to local telephones and very comfortable surrounds. If you foresee any problems with arranging transport or in-home care, please talk with our staff prior to coming to hospital as we can provide information on the community services available.

Maternity Service patients will need to ensure that a baby capsule has been fitted to the car for safe transport of their newborn.

Discharge after your Sleep Study

Your sleep study ends at approximately 6.15 am. An en-suite bathroom is provided for your convenience and a light breakfast is served at 7.00 am, followed by discharge at 7:30 am. Please inform the technician if you need to depart earlier.

Upon discharge please ensure that you have the following:

- Your personal belongings (including - contents of the safe in your room)
- **All** x-rays or scans (including any that were taken whilst you were in Hospital)
- Discharge Medications



BURNSIDE
HOSPITAL

SECTION B:

Please complete this centre booklet and return to Burnside Hospital.

Forms for you to complete and return to the Burnside Hospital Prior to Admission

Please fill out this section as best you can, use **black** or **blue** pen and return to the Hospital

as soon as possible (*no less than two working days*) prior to admission.

If you are unable to post this form to reach us in time, please fax all relevant pages to:

Fax No. 8202 7237 / 1800 679 707 OR email to: admissions@burnsidehospital.asn.au

*Please address the envelope
(no stamp required)*

REPLY PAID 64813
ADMISSIONS OFFICE
BURNSIDE WAR MEMORIAL HOSPITAL
120 KENSINGTON ROAD
TOORAK GARDENS SA 5065

For Sleep Centre patients

If you are unable to post this form to reach us in time, please fax all relevant pages to Fax No. **8331 7152**

OR email to: sleep-lung@burnsidehospital.asn.au (no less than two working days prior to admission)

For queries patients should contact the Sleep Centre reception on **8202 7272** during business hours.

*Please address the envelope
(no stamp required)*

REPLY PAID 64813
PATIENT SERVICES DESK
BURNSIDE WAR MEMORIAL HOSPITAL
120 KENSINGTON ROAD
TOORAK GARDENS SA 5065

Patient Admission Form

This section will provide Burnside Hospital with your general contact and payment information.

Your Health Assessment

This information provides the doctors and nurses / midwives caring for you with an overview of your general health to enable us to provide you with the safest and best possible care and to help us organise any tests/instructions you may require on, or prior to admission.

Please complete the forms in this section as best you are able.

If you have any queries, contact your General Practitioner, admitting specialist or the Hospital on **8202 7222** during business hours.

ACCOUNT RESPONSIBILITY: *The account is the responsibility of the patient.*

Medicare does not cover any private hospital charges. Private Health Insurance will cover some or all of the private hospital charges, depending on your level of cover. **Any health fund excess or gap, including that applying to "Basic Cover", must be paid no later than the day prior to your admission. Any other amounts not covered by your health fund but payable by you must be paid upon discharge. Please check your cover and any excess payable with your fund.**

It is vital that maternity patients have **FAMILY COVER** before the birth of your baby, unless advised otherwise by your health fund. Family cover is required if your baby is required to be admitted to the Nursery or is transferred to another hospital. In this event, the baby becomes a patient in his/her own right and in most cases, your health fund will charge an **excess** for your baby's care, unless otherwise advised. **Any payments associated with a maternity admission must be paid within 7 days of receiving your letter from the hospital.** If you are self insured, or have **singles** cover with a fund that does not recognise the newborn's status, then the charges associated with admission to the Nursery are your responsibility and must be paid at the time of discharge.

If you do not have private health insurance, or an accepted Worker's Compensation or Third Party Claim, then we will provide an estimate of the total cost of your hospitalisation. **If you are uninsured, the estimated fees must be paid prior to admission. Any shortfall between the estimated and actual fees for your hospitalisation must be paid on discharge.**

CERTIFICATE *(to be completed by patient or parent (guardian) if patient is a minor or otherwise impaired)*

I,
(Name in full)

Of,
(Address in full)

certify to the best of my knowledge and belief the particulars set out in this form are correct. I am aware of the fees chargeable for the above-mentioned patient's hospitalisation and understand the payment conditions.

I ACCEPT PERSONAL RESPONSIBILITY FOR THE PAYMENT OF THE HOSPITAL'S ACCOUNT.

Date: / / Signature:

Privacy Consent

In consent to Burnside Hospital collecting personal information about me, including information about my health and health services provided, or to be provided, to me. I understand that the purpose of collecting this information is to enable Burnside Hospital to provide appropriate treatment and care, and also for administrative purposes.

I acknowledge that I have received the Burnside Hospital Privacy Statement (Pages A:8 - A:10). I have read and understood the information in the Privacy Statement.

I understand that Burnside Hospital's Personal Information Management (Privacy) Policy is also available at hospital reception.

Date: / / Signature:

I have completed the health assessment and understood the details included in this guide. I confirm that I have arranged for a responsible adult to stay overnight with me if I am a same day surgery patient.

Date: / / Signature:

Marketing and Fundraising

In compliance with the *Australian Privacy Principles and the Privacy Act 1988* (as amended), we require your prior consent to use your personal information for marketing and fundraising purposes. You are **not obliged** to provide such consent.

I consent to Burnside Hospital using the information it holds about me to send me information about the:

Hospital's services and facilities: Yes No

Activities of the Burnside Hospital Foundation Inc. Yes No

Date: / / Signature:

For office
use only:

Date Rec'd:

Processed by:

Time:

MRN:

PATIENT ADMISSION INFORMATION

Personal Details: - Please complete this form in BLOCK LETTERS

ELECTIVE EMERGENCY INPATIENT SHORT STAY PATIENT BOARDING PARENT
(Day Surgery) (of child aged 12 yrs & under)

Admission Date: Arrival Time: am/pm

Reason for Admission:

(if the reason for admission is caused by an injury, please state its cause and the place of its occurrence)

Mr/Mrs/Ms/Miss/Master/Other:

Male: Female:

Surname:

Former Surname:
(if applicable)

Given Names:

Address:

Phone: State: Post Code:
(Home) Phone: Mobile:
(Bus)

(Email)

Date of Birth: Age: Religion:
(Optional)

Country of Birth: Occupation:

Marital Status: Single Married / Defacto Widowed Separated Divorced

Nationality: Caucasian Asian Aboriginal Torres Strait Islander Other
(Required by Department of Health for Statistical Purposes only)

Next of Kin: Relationship:
(Full Name)

Address:

Phone: Phone: Mobile:
(Home) (Bus)

Other Contact Person: (Full Name)

Phone: Phone: Mobile:
(Home) (Bus)

General Practitioner's Name: Phone:

Address: State: Post Code:

Admitting Doctor/Specialist's Name:

Have you been a patient in any hospital within the last 7 days? No Yes

Name of Hospital: Admitted: Discharged:

Have you previously been admitted to Burnside Hospital? No Yes If "YES", when?

HOSPITAL INSURANCE DETAILS: Fund Name:

Membership No.:

Table:

Contributor Name: *(Please Print)*

Length of Membership:

Over 12 Months

Less than 12 months

Medicare No.:

Number before Patient's
name on card:

Valid to: ___ / ___

DVA Member No.:

S

Card Colour:

Safety Net No.:

Health Care
Card No.:

Expiry
Date:

Pensioner

Concession Card No.:

Expiry
Date:

SA Ambulance

Member No.:

COMPLETE ONLY IF THERE IS A CLAIM FOR WORKER'S COMPENSATION OR THIRD PARTY

(Please ✓ appropriate box):

Worker's Compensation

Third party

Date of Accident:

Claim No:

Work Cover Insurer:

Work Cover Insurer's Address:

Employer's Name:

Address:

State:

Post Code:

Solicitor acting on
behalf of Patient: *(Name)*

Ph:

Address:

State:

Post Code:

*If the admission relates to Public Liability, please contact our Accounts Staff on 8202 7201 to discuss payment.
Please note that if responsibility is not accepted through compensation, the patient is personally liable for payment.*

Maternity Service patients only

Please complete this form in BLOCK LETTERS

First Day of last menstrual period *(if known)*:

/ /20

Baby's Due Date:

/ /20

Early Pregnancy Class:

Yes

No

Antenatal Education Sessions: Yes

No

1. First-time parents:

All day Saturday

OR

3 evening sessions

2. Previous parenting experience: 1 evening session

3. Breastfeeding class?

Yes

No

Day/Evening *(please circle)*

Please indicate the sessions you wish to attend. Both partners are welcome to attend all sessions.

Health Assessment – Part 1 Medical / Surgical History

Please complete this form in BLOCK LETTERS

Height: cm

Weight: kg

* **Mandatory. Please Complete**

Medical / Surgical History			
Please circle the relevant condition(s) and tick the appropriate box.		Further details	Staff Use Only: Initial actions
Are you sensitive or allergic to: medicines, foods, tapes, metals, latex / rubber, antiseptics, other? <input type="checkbox"/> No <input type="checkbox"/> Yes			Record on alert sheet. Notify ward / OT of latex allergy
Have blood tests or other pathology tests been taken for this admission? <input type="checkbox"/> No <input type="checkbox"/> Yes		When: Where:	
Have X-rays / CT scan / MRI / Ultrasound been taken for this admission?(please bring your x-rays or scans with you) <input type="checkbox"/> No <input type="checkbox"/> Yes			Films present
Are you pregnant or is there a possibility that you could be pregnant? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes			
<p>Medications – Please list ALL medicines and treatments that you currently take and attach a list if you require extra space. Include those medicines which you may have ceased already in preparation for your surgery, including vitamins, natural therapies and any over the counter medicines. Please check with your admitting doctor about when to cease all medications including vitamin and natural therapies prior to surgery. Please note - some natural therapies eg fish oil, st john's wort, weight loss products may interact with other medicines and may also have an adverse effect on your post operative recovery (i.e. increased risk of bleeding). Please bring with you all of your current medicines in their original labelled container (not in a dosette).</p>			
Do you take or have your recently taken blood thinning medicines i.e. Aspirin (Astrix, Cartia, Aspro, Disprin etc), Warfarin (Coumadin, Marevan), Clopidogrel (Plavix, Iscover), or arthritis medication? <input type="checkbox"/> No <input type="checkbox"/> Yes		Name of medicine: Date last taken: / / Time last taken: / /	VMO notified if applicable
Have you taken any steroids or cortisone tablets or injections in the last 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes		Name of medicine: Date last taken: / / Time last taken: / /	VMO notified if applicable
Are you taking any non-prescription or natural/complementary medicines? (fish oil, vitamins, minerals, herbal remedies) <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, list below with your current medicines.	VMO notified if applicable
Medication <small>(list all medications here - If there is insufficient space please attach)</small>	Strength Frequency	Reason for taking?	Taking for how long?

Medical / Surgical History		
Please circle the relevant condition(s) and tick the appropriate box.	Further details	Staff Use Only: Initial actions
Have you or your family had any problems with an anaesthetic or surgery before? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, notify Anaesthetist
Have you had an anaesthetic in the last 5 years (including at the dentist)? <input type="checkbox"/> No <input type="checkbox"/> Yes	When:	
Do you have any questions or concerns about your anaesthetic? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you or have you ever smoked? <input type="checkbox"/> No <input type="checkbox"/> Yes	How many per day: If stopped, when:	
Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes	How often? How much per day?	
Do you use recreational drugs (other than alcohol or tobacco)? <input type="checkbox"/> No <input type="checkbox"/> Yes	Type: Quantity / Frequency:	
Do you or have you had difficulty with pain management? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you have braces, capped, broken or loose teeth? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you have dentures? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> upper <input type="checkbox"/> lower <input type="checkbox"/> partial	Dentures brought into hospital
Asthma / cough / wheeze / emphysema / bronchitis / shortness of breath on exertion / hayfever / pneumonia / tuberculosis <input type="checkbox"/> No <input type="checkbox"/> Yes		
Sleep problems / sleep apnoea <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you use a CPAP machine or home Oxygen? <i>Please ensure that you bring your machine (cleaned prior to admission) with you.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes		CPAP brought into hospital
Hypertension (high blood pressure) <input type="checkbox"/> No <input type="checkbox"/> Yes		
Heart problems: heart attack / angina / chest pain / stent / heart murmur / irregular heart beat / bypass surgery / valve replacement surgery / pacemaker / implantable defibrillator (manufacturer) <input type="checkbox"/> No <input type="checkbox"/> Yes		Notify Anaesthetist if implantable defibrillator
Family history of heart disease <input type="checkbox"/> No <input type="checkbox"/> Yes		
High cholesterol <input type="checkbox"/> No <input type="checkbox"/> Yes		
Diabetes – Type 1 <input type="checkbox"/> No <input type="checkbox"/> Yes – Type 2 <input type="checkbox"/> No <input type="checkbox"/> Yes	Managed by: <input type="checkbox"/> Diet <input type="checkbox"/> Tablets <input type="checkbox"/> Insulin	
Thyroid problems <input type="checkbox"/> No <input type="checkbox"/> Yes		
Strokes / mini strokes / epilepsy / fits / seizures / Motor Neurone Disease / multiple sclerosis / migraines <input type="checkbox"/> No <input type="checkbox"/> Yes	Any residual weakness?	
Faints / blackouts / dizziness <input type="checkbox"/> No <input type="checkbox"/> Yes		
Significant neck or back injury <input type="checkbox"/> No <input type="checkbox"/> Yes		

Medical / Surgical History		
Please circle the relevant condition(s) and tick the appropriate box.	Further details	Staff Use Only: Initial actions
Depression / PTSD / anxiety / psychosis / other emotional or psychological disorder <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you under the care of a Psychiatrist? If yes, name:	
Dementia / short term memory loss / confusion <input type="checkbox"/> No <input type="checkbox"/> Yes		
Speech / swallowing or eating difficulties <input type="checkbox"/> No <input type="checkbox"/> Yes		
Special dietary requirements (eg. diabetic, gluten free, lactose free) <input type="checkbox"/> No <input type="checkbox"/> Yes		
Gastric Reflux / indigestion / heart burn / hiatus hernia / stomach ulcer <input type="checkbox"/> No <input type="checkbox"/> Yes		
Nausea / vomiting / loss of appetite <input type="checkbox"/> No <input type="checkbox"/> Yes		
Have you lost weight recently without trying? <input type="checkbox"/> Yes (see below) <input type="checkbox"/> No = 0 <input type="checkbox"/> Unsure = 2 If yes to weight loss: <input type="checkbox"/> 1-5kg = 1 <input type="checkbox"/> 6-10kg = 2 <input type="checkbox"/> 11-15kg = 3 <input type="checkbox"/> >15kg = 4 Have you been eating poorly due to decreased appetite? <input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0		Nutritional Assessment: score of 2 or more refer to dietician
Gastric band / surgical weight loss procedure <input type="checkbox"/> No <input type="checkbox"/> Yes		if yes, Anaesthetist notified
Problems passing urine or using your bowels <input type="checkbox"/> No <input type="checkbox"/> Yes		
Liver disease / hepatitis / jaundice <input type="checkbox"/> No <input type="checkbox"/> Yes		
Kidney disorder <input type="checkbox"/> No <input type="checkbox"/> Yes		
Blood disorder / bleeding tendency or bruising <input type="checkbox"/> No <input type="checkbox"/> Yes		
Blood clots in legs or lungs <input type="checkbox"/> No <input type="checkbox"/> Yes		
Blood transfusion <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes please provide details:	
Arthritis / Osteoporosis <input type="checkbox"/> No <input type="checkbox"/> Yes		
Any form of cancer <input type="checkbox"/> No <input type="checkbox"/> Yes		
Organ transplant <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, name organ(s):	
Skin conditions / wounds / ulcers / cuts / bruises / pressure areas (ulcer, broken or reddened skin) <input type="checkbox"/> No <input type="checkbox"/> Yes		
Lymphoedema <input type="checkbox"/> No <input type="checkbox"/> Yes		
Implantable Venous Access Devices (eg. Portacath, Infusaport, PICC Line) <input type="checkbox"/> No <input type="checkbox"/> Yes		
Any type of current or recent infection? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Have you been colonised/infected with any multi-resistant organisms, for example: Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin Resistant Enterococci (VRE), Extended-Spectrum B-Lactamases (ESBL's). <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you have any difficulty with your vision? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> glasses <input type="checkbox"/> contact lenses <input type="checkbox"/> other	brought into hospital
Do you have any difficulty hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> hearing aid <input type="checkbox"/> lip reading <input type="checkbox"/> other	brought into hospital
Please list any other conditions or operations including the year that you had them. (Please attach a list if required)		

Medical History / Your Physical Health		Staff Use Only: Initial actions
Creutzfeldt-Jakob Disease (CJD)		If yes to any of these questions notify Infection Control Consultant immediately.
Did you have spinal or brain surgery between 1972 and 1988?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you ever received Human Pituitary Hormone (growth, gonadotrophin) prior to 1985?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is there anyone in your family that has had CJD?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you had a dura mater graft prior to 1990?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you suffered from a recent undiagnosed progressive dementia?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you need help with the following activities? Please tick the appropriate box. If you receive help please specify who helps (family, friend, carer, Community Nurse).		
Getting in or out of bed or chair	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Dressing	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Showering	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Toileting	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Cleaning	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Shopping	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Taking medications	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you require mobility aides or assistance to walk?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details:
Have you suffered any falls recently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Planning your discharge? Please tick the appropriate box and add further information in the column on the right.		
Are you expecting to return to your current residential address following discharge?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you live alone?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you the primary carer of another adult or child?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you live in residential aged care? (eg. Nursing Home / Hostel)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name: Contact details:
Do you have stairs / steps at your home?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Who will take you home on discharge by or at 10am? (Sleep Patients by 7:30 am)		
Do you have someone to be of assistance to you when you are discharged?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Short Stay Procedure (Day) Patients. Have you arranged for a responsible adult to stay with you overnight	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you currently use any community services? (eg. home nursing, home help, meals on wheels)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Service provider: Contact details:
Do you have a current Aged Care Assessment Team (ACAT) status?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have an Advanced Health Directive?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please bring it with you.
Do you have an Enduring Power of Attorney for Health Matters?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is there a Guardianship Order relating to you?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

I have completed and understood the details included in this Patient Admission Guide.

Date: _____

Signature: _____

SECTION C:



BURNSIDE
HOSPITAL



MATERNITY SERVICE PATIENTS ONLY

*Please complete SECTION C and return to Burnside Hospital
in the 34th WEEK of your pregnancy.*

It is vital that you **do not** return it with Section B - Patient Admission Form
This information is CONFIDENTIAL and will assist medical and midwifery staff in
planning and providing your care. Please complete by answering the questions or
ticking the appropriate box. Any queries? Contact your admitting Obstetrician or the
Maternity Unit on 8202 7219

**For further information please contact the
Burnside War Memorial Hospital Inc.**

120 Kensington Road

Toorak Gardens SA 5065

Telephone: (08) 8202 7222

Facsimile: (08) 8202 7237 / 1800 679 707

email: admissions@burnsidehospital.asn.au

www.burnsidehospital.asn.au

Please address the envelope to:

REPLY PAID 64813
MATERNITY UNIT
BURNSIDE WAR MEMORIAL HOSPITAL
120 KENSINGTON ROAD
TOORAK GARDENS SA 5065

NO
STAMP
REQUIRED

Health Assessment – Part 2 (Maternity Service patients only)

Surname:

Baby's Due Date: / / 20

Given Names:

Your Date of Birth: / / 19

What will be your baby's Surname:

Admitting Obstetrician's Name:

Medical History

Please tick the appropriate box and add further information in the column on the right.

During your pregnancy have you:

Been generally well? <input type="checkbox"/> No <input type="checkbox"/> Yes	Details:
Had any bleeding? <input type="checkbox"/> No <input type="checkbox"/> Yes	Details:
Had any high blood pressure? <input type="checkbox"/> No <input type="checkbox"/> Yes	Details:
Developed gestational diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes	Details:

Had any of the following tests performed:

Ultrasound <input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes", how many? If more than 2 why?
Pelvic CT Scan / X-rays? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Amniocentesis? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Blood Screening test for congenital abnormalities? (eg. Down Syndrome) <input type="checkbox"/> No <input type="checkbox"/> Yes	
Chorionic Villus Sampling? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Previous Infant Feeding Experiences

Baby No.	Type of Feeding: <i>Breast or Bottle</i>	If breastfed, for how long?	Any breastfeeding problems?
1.			
2.			
3.			
4.			

Labour and Post-natal Information

Have you attended antenatal classes? <input type="checkbox"/> No <input type="checkbox"/> Yes	Which:
Do you have a support person? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of support person:
Do you intend to breastfeed your baby? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Birth Plans

Please feel free to complete this section if you have any preferences for labour and delivery. Please consider issues like pain relief, activity, etc.

.....

.....

.....

.....

.....

.....

If you wish to add any extra information, please attach a separate sheet.

I DO / DO NOT consent to Burnside Hospital providing my baby's umbilical cord tissue (which is normally discarded with the placenta) to the Hansen Centre for Cancer Research to conduct research into how new blood vessels form and function.

I have completed and understood the details included in this Patient Admission Form.

Date: Signature:

TO BE COMPLETED BY REGISTERED MIDWIFE

Comments:

.....

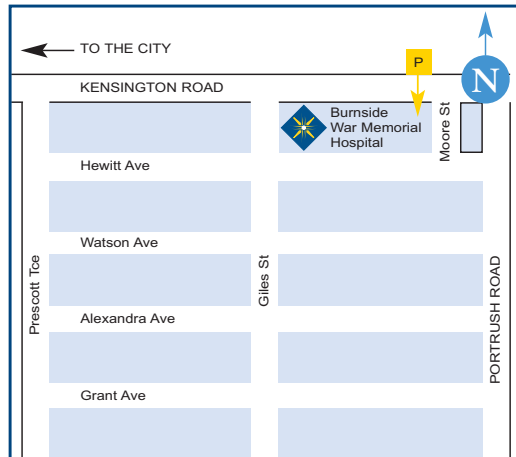
.....

RM Signature: Date:

RM (Print Name):



Where to find us:



Buses numbered 141 and 142 from North Terrace, Adelaide stops directly in front of the hospital on Kensington Road at Stop 6.

This is a non-smoking hospital

Burnside Hospital is accredited by the Australian Council on Healthcare Standards, meaning that we continue to meet national standards of excellence in health care. This assures our patients that our care and services are of the best possible standard.

For further information please contact the Burnside War Memorial Hospital Inc.

120 Kensington Road
Toorak Gardens SA 5065
Telephone: (08) 8202 7222
Facsimile: (08) 8202 7237 / 1800 679 707
email: admissions@burnsidehospital.asn.au



www.burnsidehospital.asn.au