仁安醫院

# UNION HOSPITAL

## Pre-admission Instruction, Assessment & Admission Arrangement

Please Use ID Label or Block Print

| SURNAME | | | UNIQUE RECORD NO. |
|---|---|---|---|
| GIVEN NAME | | | CHINESE NAME |
| SEX | AGE | WARD | ADMITTED DATE & TIME |
| ATTN. DR.:<br>CON. DR.: | | | |

### Part I: Pre-admission Instruction (To be filled out by doctor)

**1. Diagnosis / Chief Complaint / Reason for Admission:** ______________________

**2. Instructions after Admission:**

______________________
______________________
______________________
______________________
______________________
______________________
______________________

**3. Allergy History:**

☐ Yes ☐ Drug ______________________ ☐ No
☐ Refer to CMP
☐ Others ______________________

### Part II: Pre-admission Assessment (Compulsory for Surgical Procedure or Investigation. To be filled out by doctor)

**1. Medical Problems:**

☐ Yes ☐ No
- ☐ Hypertension (HT)
- ☐ Diabetes Mellitus (DM)
- ☐ Cardiovascular Accident (CVA)
- ☐ Ischaemic Heart Disease (IHD)
- ☐ * Asthma / Chronic Obstructive Airway Disease (COAD)
- ☐ Infectious Disease ______________________
- ☐ Others ______________________

**2. Significant Past Operations:**

☐ Yes, details: ☐ No
______________________
______________________
______________________

**3. Problems with Anaesthetic:**

☐ Yes, details: ☐ No
______________________
______________________
______________________

**4. Current Medications:**

☐ Yes ☐ No
- ☐ Anti-hypertensive Drug ______________________
- ☐ * Oral Hypoglycaemic Agent / Insulin ______________________
- ☐ * Aspirin / Anti-platelet Agent ______________________
- ☐ Warfarin ______________________
- ☐ Using of puffer (e.g. Ventolin) ______________________
- ☐ * Prednisone / Cortisone / Other Steroids ______________________
- ☐ Eye Drug ______________________
- ☐ Others ______________________
______________________
______________________

**5. Activities / Exercise Tolerance:**

☐ Unlimited
☐ Limited to ___________ FOS

| Doctor's Signature | Name in BLOCK Letter | Code No. | Date |
|---|---|---|---|
| | | | |

Remarks: * Please circle the appropriate item ☐ Please ✓ if appropriate

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NUA-532m-24-3117(R6)

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**Part III:** (此部份由醫生、護士或病人服務助理填寫 To be filled out by doctor, nurse or patient care assistant)

### 1. 入院安排及客人注意事項 Admission Arrangement & Instruction to Client

1.1 請於______年______月______日（*上午/下午）______時到達醫院大樓地下入院部辦理入院手續
(請於手術前**三小時或以上**(如屬剖腹分娩則提前至**四小時或以上**)入院，以便進行手術前預備工作)
Please arrive at the Admission Office on G/F, Main Hospital Building for registration on ____/____/____at _____(*am/pm)
(Please arrive at the hospital **3 hours or more** before the scheduled operation time (**4 hours or more** in case of Caesarean Section) for pre-operative preparation)

1.2 *檢查/手術日期及時間：________年________月________日（*上午/下午）________時
*Investigation / Operation Date and Time: ________/________/________ at ________ (*am/pm)

1.3 請於*檢查/手術前六小時，即 *上午/下午/午夜____________時後，**不要** 進食和飲水
Please **DO NOT** eat or drink 6 hours before *investigation / operation (i.e. after____________ *am / pm / 12mn)

### 2. 溫馨提示 Warm Reminder

☐ 已向客人提供「NUA-392mc/sc 入院前提示」作參考
☐ Provide “NUA-392me Information for Clients Before Admission” to client for reference

### 3. 選擇房間類別 Selection of Room Class

☐ 育嬰室 Nursery
☐ 標準房（4-14人房）Standard Room (4-14 Bedded)
☐ 半私家房（2-3人房，20-30%附加費）Semi-private Room (2-3 Bedded, 20-30% surcharge)
☐ 半私家(單人)房（1人房，30%附加費）Semi-private (Premium) Room (1 Bedded, 30% surcharge)
☐ 私家房（房租 $ ___________，75%附加費）Private Room (Room Charges $ _________, 75% surcharge)

本院將盡量按客人意願安排房間，但最終安排要按客人入院時本院的房間供應而定。若屆時客人選擇的房間類別已滿，本院將會安排客人入住其他類別的房間，並按客人所入住的房間類別收取費用(私家房除外)。
Union Hospital will do our utmost to arrange the room according to the client’s choice, but the final arrangement will depend on the availability of rooms upon admission. If the selected room class is not available, client will be assigned to an alternative class and be charged with the room class admitted (except private room).

### 4. Pre-admission Screening

| | | |
|---|---|---|
| Completed Form NUA-428 to conduct Active MRSA Screening Programme Assessment | ☐ No ☐ Yes | Please refer to Infection Control Manual – Section 11.2.2 “Active MRSA Surveillance Programme for Patients” & proceed to NUA-428 Active MRSA Screening Programme Assessment |
| History of Psychiatric Illness | ☐ No ☐ Yes | If “Yes”, please refer to GNWG(Psy)(1) “Guidelines on Screening for Admission of Client with Psychiatric History” and proceed to NUA-306 Zung Self-Rating Depression Scale |
| History of Pulmonary Tuberculosis | ☐ No ☐ Yes | If “Yes”, please refer to Infection Control Manual - Section 11.4.1 “Screening and Handling of Suspected / Confirmed Pulmonary TB Case” & fill in NUA-371 if booking of surgery is required |
| Creutzfeldt-Jakob Disease Risk Assessment | ☐ No ☐ Yes ☐ N/A | If “Yes”, please refer to Infection Control Manual – Section 11.8 “Transmissible Spongiform Encephalopathies (TSEs) and GNWG(Infection Control)(6) “Workflow of doing the assessment to identify patient with, or at increased risk of Creutzfeldt-Jakob Disease & fill in ICC-032 |
| Special cultural need (e.g. translator, diet etc.) | ☐ No ☐ Yes | ______________________________ |

*客人 / 家屬簽署確認
Acknowledged by *Client / Next of kin: ______________________ (______________________)
關係 Relationship

**Completed by**

______________________ ☐☐☐☐ ______________________ ______________________
醫生/職員簽署及編號 Doctor / Staff Signature & No. 職級 Rank 日期 Date

備註 Remarks: * 請圈出適用的項目 Please circle the appropriate item ☐ 請在合適的方格加上✓號 Please ✓ if appropriate

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