Pre-Admission Health Assessment

Please complete this form ***without delay*** and return it in the envelope provided.
It is important that we collect this information before your admission date.
Failure to do so may delay your surgery.

Patient's name:		**Account number:**	
Date of birth:		**Telephone number:**	
Consultant:		**Date of admission:**	
General practitioner:			
GP address:			
Telephone number:			
Have you been registered to any HCA hospitals?		**What is your X number?**	

Please tick the appropriate column, provide details if you say yes

HAVE YOU EVER SUFFERED FROM	YES	NO	DETAILS
Breathlessness, asthma, bronchitis or pneumonia			
High Blood Pressure			
Any heart problems (e.g irregular heart beat, murmur or pacemaker, palpitations)			
Chest pains (Angina) in exercise /rest			
Swelling of the ankle			
Thrombosis or blood clots in the lungs			
Blackouts or faint easily			
Convulsions or fits			
Jaundice (yellowing of the skin)			
Liver problems			
Anaemia			
Excessive bleeding, bruising or bruise easily			
Other related blood disorders (e.g. sickle cell anaemia)			
Arthritis			
Had allergic reactions to food, drug, or latex products			
Strokes			

HAVE YOU EVER	YES	NO	DETAILS
Had Gynaecology problems			
Had cancer			
Been diagnosed MRSA positive or any other infectious disease			
Been in hospital in the last month			
Had anaesthetic -*Were there any problems after anaesthetic?*			
Have you ever had any surgery in the past? *(please list)*			
Been diagnosed with CJD (Creutzfeldt Jacob Disease), or a close relative			
Been a recipient of growth hormones			
Been treated with steroids			
Been treated with anticoagulant/ antiplatelet e.g Aspirin or Warfarin			
Had a serious accident/ injury			

P.T.O.

Please tick the appropriate column or box and provide details if you say yes

HAVE YOU EVER SUFFERED FROM	YES	NO	DETAILS
Rheumatic fever			
Diabetes			
Muscular disease or progressive weakness			
Heartburn or indigestion			
Any recent changes in your bowel functions?			
Prostate problems (Male only)			
Urinary problems			
Gall stones			
Hernia			
Thyroid problems			
Glandular problems			
Glaucoma/other eye sight problem			
Deafness/other hearing problems			
Recurrent back problems			
Sciatica			
A psychiatric illness			
Are you taking any recreational drugs?			
Are you taking any prescribed medications?			
Please lists drugs including drug name and dosage			
Are you taking homeopathic remedies or herbal treatments?			
Please list			

DO YOU	YES	NO	DETAILS
Have any family history of heart disease?			
Wear dental crowns, caps, bridges, or have artificial or loose teeth			
Wear spectacles, hearing aid or contacts			
Have any physical disability			
Require a special diet			
Have any other special needs			
Drink alcohol			If yes, how much per week?
Or have you ever smoked			If yes, how many per day?

What is your weight? ☐ kgs/lbs

What is your height? ☐ cms/inches

Please give any other relevant information you feel we should know.

FEMALES ONLY	YES	NO	DETAILS
Are you receiving hormone replacement therapy (HRT)?			
Are you currently using any contraceptives e.g. (coil, implants, injections)			
Are you breast feeding?			
Could you be pregnant?			

When was your last menstrual period? ☐

Type of accommodation:

House ☐ Flat ☐ *-on which floor?* ☐ *Lift available?* ☐

Bungalow ☐ Others ☐

Does your home have stairs? ☐ How many? ☐

Is there a bathroom upstairs? ☐ A downstairs toilet? ☐

Are potential carer/s able to look after your discharge needs? ☐ Walk-in shower? ☐

Who will be looking after you when you go home?

Do you currently use community services? (e.g community nurse, social services, meals on wheels) ☐

If yes, have they been informed? ☐

Patient's signature: ☐

Date: ☐

If there are any problems completing this form please telephone the pre-admissions nurse on:

Tel 0207 034 5045 Fax 0207 034 5009

This information will be used by nurses to prepare for your admission and maximise your patient care and safety, all information will be kept within your hospital health record which is maintained within the guidance of the Data Protection Act 1998.