

Patient Booking Form

Issue August 2024 Review August 2027

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	
Tel no	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	BMI
Is pre-op assessment required? <input type="checkbox"/>	MRSA required? <input type="checkbox"/>	
Investigations required pre-admission		
Investigations required on admission		
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 <input type="checkbox"/>
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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NVH ADMISSIONS USE ONLY

POA: <input type="checkbox"/>	Theatre: <input type="checkbox"/>	Reservations: <input type="checkbox"/>	Booked: <input type="checkbox"/>	Date:
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