

# Nuffield Hospitals Booking Form

Patient ID -                      Booking Form

Breach Date -                     

## Section I - Patient Details (Please Print)

Surname: \_\_\_\_\_

Forenames: \_\_\_\_\_ Mr/Mrs/Miss/Ms/Master: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

General Practitioner Address: \_\_\_\_\_ Practice: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Hospital Use

Previous Patient: Yes ☐

MPI No: .....

Address Checked ☐

Post Code Checked ☐

DOB Checked ☐

GP Checked ☐

Insurance Checked ☐

## Section II - Admission details (Please Print)

Consultant: \_\_\_\_\_ Admission Time: \_\_\_\_\_

Anaesthetist Name Dr \_\_\_\_\_ N/A ☐ TBC ☐

Admission Date: \_\_\_\_\_ Theatre Date: \_\_\_\_\_

Theatre Time: \_\_\_\_\_ Length of Procedure Minutes \_\_\_\_\_

Operative Procedure Description (Including side) \_\_\_\_\_

## Cancellation Details

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By: .....

Reason: .....

Letter Sent: Yes ☐

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By: .....

ELOS: .....Days HDU/ITU Bed Required Yes ☐ No. of Days: .....

Impairment Code: ..... OPCS Codes: \_\_\_\_\_

Pre-Assessment Booked Yes ☐ N/A ☐ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Anaesthetic Type: Local ☐ General ☐ Sedation ☐

Inpatient ☐ Day Patient ☐ Outpatient ☐ Accompanied by Parent ☐ NHS ☐

Pre-operative Tests Required \_\_\_\_\_

Notes \_\_\_\_\_

## Section III - Insurance Details (Please Print)

## Hospital Use

Self-funding Patient ☐ Procedure Quote: £..... Insured Patient ☐

Company: \_\_\_\_\_ Plan Type \_\_\_\_\_

Authorisation/Claim Number \_\_\_\_\_

Registration No: . \_\_\_\_\_ Valid to: \_\_\_\_/\_\_\_\_/\_\_\_\_

Booking Submitted By \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Booking Entered By..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Scale of Cover A ☐

B ☐

C ☐

Package Yes ☐

No ☐

Package Code: \_\_\_\_\_