

1)

PATIENT TO BE ADDED TO WAITING LIST												
SPECIALITY												
CONSULTANT							OUT PATIENT CLINIC DATE					
PATIENT DETAILS (Place sticky label here)						PLEASE NOTE: Details from this form will be used to compile the Theatre list. It is therefore very important that precise details are clearly stated.						
PLANNED OPERATION / PROCEDURE (S)												
DAY CASE IS DEFAULT - GIVE CLINICAL INDICATION FOR I/P												
APPROX LENGTH OF PROCEDURE (mins)	30	60	90	120	>120	BLEEDING RISK	ASPIRIN	CLOPIDO GREL	WARF ARIN	NSAID s	NONE	
LATERALITY	LEFT	RIGHT		BILATER AL		PRIORITY	FAST TRACK	URGENT	ROUTINE			
REASON FOR NOT POOLING			COMMENT									
ANAESTHETI C	GA		LA		SPINAL		LA SEDATION		LA - MINOR OP		OMFU LAB WORK	
SURGEON	CONS	SPR	STAFF GRADE		ASS. SPECIALIST		CONSENT FORM COMPLETED		IN NOTES		WITH PATIENT	
X-RAY	YES	NO	START				THROUGHOUT			END TIME		
ADDITIONAL INFORMATION										MEDICAL PHOTOS		
PRE-ASSESSMENT	INITIAL HEALTH SCREEN		ADMISSIO N TYPE	DC	IP		COMMENT					
					TAU - YES	TAU - NO						
PRE-ASSESSMENT DATE			TCI DATE				FOLLOW UP PRE-ASSESSMENT REQUIRED		Y	N	DATE, IF GIVEN	
ADDITIONAL INFORMATION – REFERRALS ETC.												
DATE ON WAITING LIST						SIGNATURE						