

Admission Letter (General)

Name: _____ Patient HKID/Passport No: _____ Sex/Age: _____ DOB: _____ Patient Contact No.: <i>Please fill in or</i> _____ Attending Doctor: <i>affix out-patient label</i> _____	Hosp No. : _____ HKID No.: _____ Case No. : _____ Name <i>In-Patient Label</i> : _____ DOB : _____ M / F _____ Adm Date : _____ Contact No. : _____
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Admission Date: _____ **& Time** _____ **Expected Length of Stay:** _____ **day (s)**

Room type: Day (6 hours only) Standard Semi-private Double Semi-private Single
 Private Single Junior Suite VIP Others: Chemo / Endo Bay /ICU / Isolation)

Inpatient		
Allergy Information:	<i>Allergic to:</i> _____	<i>Type of Reaction:</i> _____

Please **do not eat or drink** on (Date) _____ at _____ AM/PM* (Cross out the inappropriate)
 Special diet: vegetarian diabetics soft diet Others, please specify: _____

Standard procedure package: (Standard Bed Class only)
 YES (package code no.: _____ **)** **Normal Risk** **Intermediate Risk**

Risk classification is mandatory for package * Please refer to Risk Classification Guidelines for examples

Risk	Definition*	AND Functional and Demographic Criteria
<input type="checkbox"/> Normal Risk	Healthy with no comorbidity or well controlled disease(s) with no end organ damage	No functional limitation (able to walk up 3 flights of stairs without stopping) * BMI <30 Age <85 years
<input type="checkbox"/> Intermediate Risk	Significant systemic disease under control with treatment and/or mild decompensation	Functional limitation (able to walk up 1-2 flights of stairs without stopping) * BMI <35 Other: _____
<input type="checkbox"/> High Risk	Potentially life-threatening systemic disease (life threatening conditions are the main criteria) where likelihood of unexpected HDU/ICU post operatively is probable	Severe frailty: Completely dependent for personal care, from whatever cause (physical or cognitive) BMI >= 35 Redo procedures e.g. previous abdominal surgery excluding cholecystectomy and appendectomy for intestinal surgery, or redo joint replacement Other: _____

Significant Medical History	Mental Health Issues:
Current Medication	
Provisional Diagnosis	
Investigations/ Treatments	Laboratory Tests: Radiology Tests: Others:



