UNPLANNED ADMISSION/ACUTE ADMISSIONS UNIT BOOKING FORM

Cromwell Hospital

To discuss admission to AAU please contact the site lead team on **020 7341 5032.**
Please email this booking form to the site lead team at **siteleadsgroup@cromwellhospital.com**

Please note: Booking will not be confirmed unless completed in full.
All sections are mandatory.

Patient details

Title:	Surname:	First name(s):

Patient correspondence address:	DOB:	Age:
	MRN: ☐ Patient **has not** visited Cromwell Hospital before. Need new MRN. ☐ Patient **has** visited Cromwell Hospital before, but unsure of MRN	
Patient main contact number:	Payor:	
Patient alternative contact number:	Membership / Policy number:	
Patient email:	Pre-authorisation number:	

Admission Criteria/Clinical Details

Could this patient be pregnant? Yes ☐ No ☐ Do you suspect an acute MI or Stroke Yes ☐ No ☐ Is the patient presenting with an episode of acute mental health illness? Yes ☐ No ☐	Presenting complaint/Differential diagnosis: Any known allergies:	Admitting consultant (in AAU) Requested speciality (if known) Admitting consultant (if known): Admission date: Admission time:

Please note if the answer to any of the questions above is **Yes**,
this patient is **not suitable** for admission into the Cromwell Hospital.

UNPLANNED ADMISSION/ ACUTE ADMISSIONS UNIT BOOKING FORM

Cromwell Hospital

Letter or medical report can be attached answering the below questions.

Current clinical condition:

Past medical history:

Medication list:

Social requirements:

Infection status/covid results:

Has the patient been seen by a clinician (GP, Consultant, ANP) in the last 24 hours: ☐ Yes ☐ No
If yes, who:

Letter/medical report attached: ☐ Yes ☐ No

Planned proposed treatment (if known):

Other Tests/Information:

Form completed name: Signed:

Profession:

Contact Number: Date: