

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:
		<input type="checkbox"/> Patient has not visited Cromwell Hospital before. Need new MRN.
		<input type="checkbox"/> 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

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

Referrer

Name:	Contact number:
Role: UCC Dr GP Cromwell consultant Embassy Dr Other	
Address:	

Completed by

Form completed by:	
Name:	Date:
Profession:	Contact number

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