

THE LONDON CLINIC - ADMISSIONS BOOKING FORM

Please call **020 7616 7648** to confirm bed and theatre availability if you do not hold a regular theatre slot, or if admission is within 5 working days of date of submission.

This form **MUST** be completed by the Consultant or Secretary and be accompanied by a clinic letter/medical notes and emailed to reservations@thelondonclinic.co.uk



***DENOTES MANDATORY FIELD** If completing this form by hand please use **BLOCK CAPITALS**

Patient Information: (per official document- i.e. passport)

*Title: *Last name:
 *First name(s): L Number:
 *Sex: F M *Date of birth:
 *Address:
 Nationality:
 *Contact Numbers: Main Other
 *Email address:
 Previously seen at TLC? Yes No
 Interpreter needed: Yes No Language:
 Ability to consent: Yes No
 Cognitive status:
 Mobility/disability/special requirements:
 Physiotherapy required: Yes No
 Any known infection / colonisation:
 Specialist nursing required: Yes No
 VIP: Yes No
 VIP Suite required: Companion Room: Companion Bed:
 Dietary requirements:
 *GP/doctor contact details: name, address, phone no:

Payment Details

Self Funding:

Self Pay:
 Chrysalis Finance Option:
 Self Pay with Insurance reclaim:

Insured/Sponsored:

Insurance Name:
 Policy Number:
 Authorisation Number:

NHS:

Trust /Hospital: NHS Number:

Embassy:

Embassy Name:
 Patient ID Number:
 Letter of Guarantee attached: Yes No

Treatment Information

*Consultant:
 *Anaesthetist:
 *Admission Type: Surgical Medical Specialty:
 *Admission date: *Time:
 *Procedure date: *Time:
 *Daycase: *Inpatient: *Length of stay:
 *Diagnosis:
 *Anaesthetic Type: G/A L/A Sedation Spinal
 *Procedure/Treatment Description:
 Left Right Bilateral
 *CCSD Codes:
 Diabetes: Yes No Cardiac history: Yes No
 Clinic letter attached: Yes No
 Allergies:
 Is this admission for the treatment of cancer: Yes No
 Has the patient been discussed at MDT: Yes No
 If yes, where:
 Please include the MDT outcome with booking form if the patient has been discussed outside of The London Clinic.
 COVID-19 self isolation: Low risk - 3 days High risk - 14 days

Clinical Requirements

Theatre Requests:
 Surgical assistant required: Yes No
 Approx time in theatre:
 ICU bed required: Yes No Potential consideration/high risk
 L2 L3 Number of nights
 Image Intensifier required: Yes No
 Pre admission required: Yes No Covid-19 swab only
 Pre admission tests:
 FBC: U&E: LFT:
 TFTs: Fasting lipids: Fasting glucose:
 Clotting profile/INR: HbA1c: MSU:
 Sickle: MRSA: Covid-19 PCR:
 ECG: Chest X-ray: Physio:
 X-match - no of units: Group & save:
 Additional information: