

# 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](mailto:reservations@thelondonclinic.co.uk)

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

<p><b>Patient Information:</b> (per official document- i.e. passport)</p> <p>*Title: _____ *Last name: _____</p> <p>*First name(s): _____ L Number: _____</p> <p>*Sex: F M _____ *Date of birth: _____</p> <p>*Address: _____</p> <p>Nationality: _____</p> <p>*Contact Numbers: Main _____ Other _____</p> <p>*Email address: _____</p> <p>Previously seen at TLC: Yes No</p> <p>Interpreter needed: Yes No Language: _____</p> <p>*Ability to consent: Yes No</p> <p>Cognitive status: _____</p> <p>Mobility/disability/special requirements: _____</p> <p>Physiotherapy required: Yes No</p> <p>Any known infection / colonisation: _____</p> <p>Specialist nursing required: Yes No</p> <p>VIP: Yes No</p> <p>VIP Suite required: _____ Companion Room: _____ Companion Bed: _____</p> <p>Dietary requirements: _____</p> <p>*GP/doctor contact details: name, address, phone no: _____</p>	<p><b>Treatment Information</b></p> <p>*Consultant: _____</p> <p>*Anaesthetist: _____</p> <p>*Admission Type: Surgical Medical Specialty: _____</p> <p>*Admission date: _____ *Time: _____</p> <p>*Procedure date: _____ *Time: _____</p> <p>*Daycase: *Inpatient: *Length of stay: Pre-op night: _____</p> <p>*ICU bed required: Yes No Potential consideration/ high risk</p> <p>*L2 L3 Number of ICU nights</p> <p>*Diagnosis: _____</p> <p>*Anaesthetic Type: G/A L/A Sedation Spinal</p> <p>*Procedure/Treatment Description: _____</p> <p>Left Right Bilateral</p> <p>*CCSD Codes:</p> <p>Diabetes: Yes No Cardiac history: Yes No</p> <p>Clinic letter attached: Yes No</p> <p>Allergies: _____</p> <p>Is this admission for the treatment of cancer: Yes No</p> <p>Has the patient been discussed at MDT: Yes No</p> <p>If yes, where: _____</p> <p>Please include the MDT outcome with booking form if the patient has been discussed outside of The London Clinic.</p> <p>COVID-19 self isolation: Low risk 3 days High risk 7-14 days N/A</p>
<p><b>Payment Details</b></p> <p><b>Self Funding:</b> Domestic: _____ International: _____</p> <p>Treatment Plan (TPP): Fixed Price (FPP): All Inclusive (AIFPP): _____</p> <p>Chrysalis Finance Option: Self Pay Insurance Reclaim: _____</p> <p>Consultant Fee: _____ Follow-up Fee: _____</p> <p>Anaesthetist Fee: _____ TLC to collect Fees: _____</p> <p><b>Insured/ Sponsored:</b></p> <p>Insurance Name: _____</p> <p>Policy Number: _____</p> <p>Authorisation Number: _____</p> <p><b>NHS:</b></p> <p>Trust /Hospital: _____ NHS Number: _____</p> <p><b>Embassy:</b></p> <p>Embassy Name: _____</p> <p>Patient ID Number: _____</p> <p>Letter of Guarantee attached: Yes No</p>	<p><b>Clinical Requirements</b></p> <p>Theatre Requests: _____</p> <p>Surgical assistant required: Yes No</p> <p>Approx time in theatre: _____</p> <p>Image Intensifier required: Yes No</p> <p>Pre admission required: Yes No Covid-19 swab only</p> <p>Pre admission tests:</p> <p>FBC: _____ U&amp;E: _____ LFT: _____</p> <p>TFTs: _____ Fasting lipids: _____ Fasting glucose: _____</p> <p>Clotting profile/INR: _____ HbA1c: _____ MSU: _____</p> <p>Sickle: _____ MRSA: _____ Covid-19 PCR: _____</p> <p>ECG: _____ Chest X-ray: _____ Physio: _____</p> <p>X-match - no of units: _____ Group &amp; save: _____</p> <p>Additional information: _____</p>

**Office use only** For admissions booked within 48 hours approval must be confirmed by the below departments:

CST: Patient Flow: Pre Assessment: Theatres (surgical only): Reservations Staff: Date: