

# PREADMISSION ASSESSMENT

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(Form can be filled out by a Healthcare Professional, client or family member)

Given Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Height and Weight: \_\_\_\_\_

Medicare Number/IRN: \_\_\_\_\_ Expiry: \_\_\_\_\_

Private Health Insurance Company: \_\_\_\_\_

Private Health Member Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address (if different): \_\_\_\_\_

Email Account: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Next of Kin (NOK): \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number of NOK: \_\_\_\_\_ Is consent given to liaise with your NOK? Y  N

Allergies: \_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

How did you hear about Beachwood?: \_\_\_\_\_

\_\_\_\_\_

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Mental Health Diagnosis History: \_\_\_\_\_

Any history of physical self-harming behaviour: \_\_\_\_\_

Any current thoughts of suicide or past attempts of suicide? If so when: \_\_\_\_\_

Please explain history of drug and/or Alcohol Use: \_\_\_\_\_

Substance: \_\_\_\_\_ Substance: \_\_\_\_\_ Substance: \_\_\_\_\_

Amount/Dose: \_\_\_\_\_ Amount/Dose: \_\_\_\_\_ Amount/Dose: \_\_\_\_\_

Frequency: \_\_\_\_\_ Frequency: \_\_\_\_\_ Frequency: \_\_\_\_\_

Method of Use: \_\_\_\_\_ Method of Use: \_\_\_\_\_ Method of Use: \_\_\_\_\_

Last Used: \_\_\_\_\_ Last Used: \_\_\_\_\_ Last Used: \_\_\_\_\_

Smoker? If so when is the first cigarette of the day: \_\_\_\_\_

Any concerns with gambling currently or in the past: \_\_\_\_\_

Any current or past legal issues, please provide details (i.e: AVO, DUI, Court Cases, Charges): \_\_\_\_\_

Any current or past concerns with eating behaviour: \_\_\_\_\_

Please briefly describe childhood: \_\_\_\_\_

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Is there a family history of mental health issues, drug or alcohol misuse or suicide? \_\_\_\_\_

Any physical medical conditions (i.e.: asthmatic, diabetic, injuries, infections, thyroid, cardiac): \_\_\_\_\_

Any hospitalisations for mental health or addiction? If so when and where: \_\_\_\_\_

GP Contact details: \_\_\_\_\_

Counsellor/Psychologist/Therapist contact details: \_\_\_\_\_

Psychiatrist Contact Details: \_\_\_\_\_

Is consent given to contact any of the treating Healthcare Professional? Y  N



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Please list any medications currently taking:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Dose: \_\_\_\_\_ Dose: \_\_\_\_\_

Frequency: \_\_\_\_\_ Frequency: \_\_\_\_\_

Length of Use: \_\_\_\_\_ Length of Use: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Dose: \_\_\_\_\_ Dose: \_\_\_\_\_

Frequency: \_\_\_\_\_ Frequency: \_\_\_\_\_

Length of Use: \_\_\_\_\_ Length of Use: \_\_\_\_\_

Any addition information you would like to provide: \_\_\_\_\_

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Form completed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for completing this form. This completed form can be emailed to [bgill@southpacificprivate.com.au](mailto:bgill@southpacificprivate.com.au) or alternatively be faxed to 02 9971 7208 (Attention: Beachwood)

Please organise a GP referral to be faxed to South Pacific Private on 9971 7208.

If you have any further questions in relation to the admission process, please contact the Beachwood Manager (Bianca) on 02 9905 3667.