UNIVERSITY HOSPITAL LIMERICK IN-PATIENT ADMISSION FORM

Patient Details

Patient ID:
Patient Name: **Nicholas Moloney**
DOB: **Male**
Sex:
Patient Address:

English
Irish Resident Single
Patient Home No: Not Specified Roman
Patient Mobile No: Catholic
Spoken language:
Residential Status:
Marital Status:
Occupation:
Religion:
Maiden Name:

In Case of Emergency Please Contact the Following First:

Contact Name:
Telephone No: *I*

Primary Next of Kin:

Name:
Relationship:
Address:
Home No:

Mobile No:

GP Details:

Dr. John O'Donnell
GP Name:

Gort Road
Address: Ennis
Co Clare
065 6822575

Telephone No:

Admission Details

Admission Date: Thursday 7th November 2019 Time: 11:36 am,
Type of Bed Requested: Public
Ward: CH - Day Ward
Date of last Admission: 27/08/2019, 10:19
Date of last Discharge: 27/08/2019, 14:27

Medical Card Details

Medical Card Status: Medical Card
GMS No:
Review Date: _ j _ j _ _

Medical Insurance Details

Insurer: Self Payer
Policy Plan: Self
Policy No:

Patient Admission Status

Consultant Name: **Professor Dominic Harmon**
Secondary Consultant:

Private/Public Patient: **Public Patient**
Ward: **CH- Day Ward**
Admission Type: Elective - Waiting - Not NTPF
Management Intention: Day Case

Referral Source

Referring Doctor: Dr. John O'Donnell
Referred To: Professor Dominic Harmon

Address: Gort Road
Ennis
Co Clare
Telephone No: 065 6822575

IHEREBY APPLY FOR HOSPITAL SERVICES UNDER THE HEALTH ACTS FOR MYSELF/ MY SPOUSE/ MY CHILD.

IWISH TO BE TREATED AS A PUBLIC IN-PATIENT FOR THIS ADMISSION.

IHEREBY ACCEPT LIABILITY FOR THE CHARGES OF:

THE DAILY INPATIENT CHARGE OF €80EUR UNLESS IESTABLISH EXEMPTION.

YOUR CARE MAY BE CONTINUED IN A HOSPITAL IN THE MID WEST.

IHEREBY ACKNOWLEDGE THAT MY DETAILS MAY BE PASSED ONTO A DEBT COLLECTION AGENCY IN THE EVENT OF NON - PAYMENT OF ANY HOSPITALCHARGES INCURRED DURING THIS ADMISSION

SIGNED: _____ DATE: 7th November 2019
PATIENT/SPOUSE/GUARDIAN