UNIVERSITY HOSPITAL LIMERICK IN-PATIENT ADMISSION FORM

Patient Details

Patient ID:

Patient Name: Nicholas Moloney

DOB:

Sex: Male

Patient Address:

Patient Home No:

Patient Mobile No:

Spoken Language: English

Residential Status: Irish Resident

Marital Status: Single

Occupation: Not Specified

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:

GP NAME: Dr. John O'Donnell

ADDRESS Ennis Family Medical Centre Gort Road
Ennis Co Clare

Telephone No: 065 6822575

Admission Details

Admission Date: Tuesday 3rd January 2017 Time: 10:30 am

Type of Bed Requested: Public

Ward: CH - Day Ward

Date of Last Admission: 27/10/2015, 10:30

Date of Last Discharge:: 27/10/2015, 16:00

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 - Planned

Management Intention: Day Case

Referral Source

Referring Doctor: Dr. John O'Donnell

Referred To: Professor Dominic Harmon

Address: Ennis Family Medical Centre Gort Road,
Ennis Co Clare

Telephone No: 065 6822575

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

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

I WILL BE ACCOMMODATED IN PUBLIC ACCOMMODATION IF AVAILABLE. I AM LIABLE FOR:

THE DAILY INPATIENT CHARGE OF ‹80EUR UNLESS I ESTABLISH EXEMPTION.

YOUR CARE MAY BE CONTINUED IN A HOSPITAL IN THE MID WEST. If you are a Non-EU Resident you may be liable for the full economic charge.

SIGNED: Nicholas Moloney
PATIENT/SPOUSE/GUARDIAN

DATE: 3rd January 2017