UNIVERSITY HOSPITAL LIMERICK IN-PATIENT ADMISSION FORM

Patient Details

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

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

In Case of Emergency Please Contact the Following First:

Contact Name:
Telephone No: *I*

rimary Next of Kin:

Name: Not Specified
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 19th June 2018 Time: 8:00 am
Type of Bed Requested: Public
Ward: CH - Day Ward
Date of Last Admission: 27/06/2017, 09:11
Date of Last Discharge: 27/06/2017, 14:02

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**
Adrpission Type: Elective - Waiting
Management Intention: Day Case

Referral Source

Referring Doctor: Professor Dominic Harmon
Referred To: Professor Dominic Harmon

Address:
Telephone No:

rIEREBY 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 HEREBY ACCEPT LIABILITY FOR THE CHARGES OF:

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

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

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

SIGNED: _____ DATE: 19th June 2018
PATIENT/SPOUSE/GUARDIAN