



National Simulation Health Service
Patient Admission Details

(Affix Patient Label Here)

URN:

Family Name:

Given Name(s):

Address:

DOB:

Sex:

ADMISSION DETAILS

Date of Admission:

Admitting Details: 89YO MALE. PRESENTED TO ED. BIBA FROM NURSING HOME POST FALL WITH # L) NOF.

PMHX OF DEMENTIA.

PATIENT PERSONAL DETAILS

Title:	MR	Surname:	WALKER	First Name:	SELWYN
Other Names:		Preferred Name:	SELWYN		
Address:	UPTOWN RESIDENTIAL AGED CARE FACILITY			Suburb:	UPTOWN
Home Phone:	1818 2838	Mobile Phone:	N/A	Work Phone:	N/A
Religion:	NOT SPECIFIED		<input type="checkbox"/> Aboriginal and Torres Strait Islander:		
Primary Language:	ENGLISH				
Occupation:	RETIRED				
Medicare Number:	5319 2468 5973	DVA Number:	N/A	Pension:	16374953
Private Health Fund:	N/A	Membership Number:	N/A		

MEDICAL HISTORY

Medical Conditions: DEMENTIA; TIA (1 year ago); FALL 1 YEAR AGO - # R) ULNA + TBI (CEREBRAL CONTUSIONS IDENTIFIED ON CT HEAD) – NO RESIDUAL DEFICITS; AF, MR.

Current Medication: AWAITING MEDICATION LIST FROM RESIDENTIAL AGED CARE FACILITY.

Allergies: NIL KNOWN

CONTACTS

First Emergency Contact

Name:	MRS LAURA HUDSON	Relationship to Patient:	DAUGHTER		
Home Phone:	0453 649 561	Mobile Phone:	0453 649 561	Work Phone:	N/A

Second Emergency Contact

Name:	MR JOHN WALKER	Relationship to Patient:	SON		
Home Phone:	0465 194 657	Mobile Phone:	0465 194 657	Work Phone:	0465 194 657

General Practitioner (GP)

Doctor Name:	DR JONATHON BARRETT	Practice:	UPTOWN GENERAL MEDICAL PRACTICE
Address:	16/1440 THOMPSON STREET	Suburb:	UPTOWN
Work Phone:	1081 2222	Mobile Phone:	AS PER PRACTICE PHONE NO



PROGRESS NOTES
INPATIENT

(Affix Patient Label Here)

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Family Name:

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Address:

DOB:

Sex:

Table with 2 columns: DATE & TIME and clinical notes. Includes instructions like 'Add signature, printed name, staff category, date and time to all entries' and 'MAKE ALL NOTES CONCISE AND RELEVANT'. Rows contain nursing, physiotherapy, and occupational therapy notes with dates and times.



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PROGRESS NOTES
INPATIENT

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Family Name:
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DOB: Sex:

Table with columns for DATE & TIME and notes. Includes instructions like 'Add signature, printed name, staff category, date and time to all entries.' and 'MAKE ALL NOTES CONCISE AND RELEVANT'. Contains entries for SP CONT, ORAL PHASE, PHARYNGEAL PHASE, IMPRESSIONS, RECOMMEND, and NURSING.