



# ST LUKE'S CARE

— PRIVATE HOSPITAL —

SLEEP CENTRE  
Pre-admission Information and Form

# OUR COMMITMENT TO CARE

With an unwavering commitment to the health and wellbeing of the community, St Luke's Care is a non-denominational, not-for-profit organisation that has delivered excellence in health and aged care since 1919. Driven by quality and a genuine concern for the welfare of our patients, residents and clients, we provide quality care with a personal touch. St Luke's Care practices the model of person-centred care, which prioritises the wishes, goals and expectations of the individual and their family. We acknowledge the whole person and their individual identity, not just their physical care alone.

The St Luke's Care difference comes from our staff who are renowned for their professional care, warmth, respect and patience. Whether you are receiving care from our Private Hospital, St Luke's Care Clinic, Home & Community Services Team or Lulworth House - our residential Aged Care facility - our patients, residents and clients are the core of our model of care.

## BOOKING YOUR ADMISSION

### STEP ONE

**Referring Doctor** to complete the Pre-admission/Referral form

### STEP TWO

**Referring Doctor** to book the study with the Bookings Office on (02) 9356 0283, then fax or email the Pre-admission/Referral form through (details below)

### STEP THREE

**Patient** to complete the Patient History Form (one page) and the Patient Details form (two pages)

Once all forms are completed, and to confirm your booking, please return all forms via one of the following:

- The enclosed reply paid envelope
- Scan to [bookings@slc.org.au](mailto:bookings@slc.org.au)
- Fax to **(02) 9356 0431**
- Or if your admission is within a week, please phone the admissions office on **(02) 9356 0200**

### STEP FOUR

**Patient** to keep information booklet for reference

Thank you for choosing St Luke's Care Private Hospital

## WELCOME

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Thank you for choosing St Luke's Care Sleep Centre.

St Luke's Care Sleep Centre provides a tranquil, peaceful environment for its patients, where you can look forward to a private room, a restaurant-style meal, and free Wi-Fi and on-site parking as part of your stay.

It is the first National Association of Testing Authorities (NATA) Accredited Paediatric and Adult Sleep Facility in Australia and is part of St Luke's Care, a not-for-profit organisation that has been providing health services to the community for over 100 years.

## PREPARING FOR YOUR STAY

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You have been referred by your GP or Specialist to have a sleep study. This study is managed by a physician who specialises in respiratory disorders and/or sleep medicine.

**The physician you are being referred to is:** \_\_\_\_\_

This doctor will only see you once you are admitted to the Sleep Centre and will bill you separately to your regular doctor.

### CONFIRMING YOUR ADMISSION

An Admissions Officer will contact you prior to your study date to confirm your booking.

If you have any special requirements, please notify our staff at this point.

One parent or caregiver of a child patient will be accommodated for with meals and bedding.

### WHAT TO BRING

- Any health fund or entitlement cards, e.g. Medicare, Safety Net, Veterans' Affairs. If proof of entitlements are not presented, full costs will be charged.
- Any paperwork not already forwarded to the hospital.
- Current medications in their original containers, sufficient for one night's stay.
- Payment for estimated gap between fund benefits and hospital fees, or total estimated costs of hospitalisation if you do not have private health insurance.
- Any aids, such as a walking stick or hearing aids.
- Current CPAP mask and machine, if you use one.

We recommend that you bring:

- Sleepwear, dressing gown and slippers.
- Personal toiletries.
- Small amount of change for minor purchases at the vending machine.
- Your own pillow, as it may help you to sleep better.
- For a child – favourite toy, formula, bottle and any special dietary needs (if applicable).
- Reading material and/or activity books.

It is recommended that you do **not** bring:

- Valuables, including jewellery or large sums of money (unless settling your account in cash on admission).
- Unnecessary clothing, items or large luggage.

## RESPONSIBILITY FOR PERSONAL ITEMS

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Whilst all care is taken, St Luke's Care cannot accept liability for losses of personal items. It is strongly recommended that jewellery or large amounts of money not be brought to the hospital. Patients will be offered the use of a safe at admission. Patients who do not put all or part of such valuables into safe custody will be required to sign documentation indicating that they have declined to do so.

## MEDICATIONS

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Working together with your health care team, you can help to ensure safe use of your medicines by:

- Sharing all medication-related information with your doctor, nurse or other health professional.
- Advising your doctor, nurse or other health professional of any previous allergies or reactions to medication that you have experienced.
- Bringing all of your current medications to hospital in their original containers, and your current medication list if applicable.

It is very important for your care that health professionals understand the medications you are taking. We can make sure you do not miss any medication you need, and assist you to obtain the full benefits from your existing medicines.

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## THE DAY OF YOUR SLEEP STUDY

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### YOUR ARRIVAL

All patients are admitted via the hospital's main reception desk between 5:00pm and 5:30pm.

If driving, please proceed down the driveway of 18 Roslyn Street, Potts Point. Overnight parking is available free of charge in the visitor parking area.

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## YOUR STAY

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### VISITING HOURS

Visitors are most welcome at St Luke's Care Private Hospital. Please be aware that visiting hours may change without notice due to Sleep Centre test requirement or in accordance with NSW Health Advice. Visiting hours are between 6:00pm to 8:00pm.

### MEALS

Our delicious in-house menu is carefully selected by our professional chefs. Dinner and breakfast are provided for all patients, including the accompanying parent of a child. Meals can be tailored to your clinical and special dietary requirements. The diet aide will email you a menu in the week before your admission for your sleep test. If you would like to discuss your menu or dietary requirement, please call the diet aide on (02) 9356 0250 (Mon-Fri 6:30am- 2:30pm) or email [dietaide@slc.org.au](mailto:dietaide@slc.org.au)

### ACCOMMODATION

The Sleep Centre has private rooms with ensuite facilities. For the comfort of our patients, all rooms are furnished with a TV, telephone, air-conditioning and have Wi-Fi access.

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## LEAVING THE HOSPITAL AND FOLLOW-UP

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Most discharges from the Sleep Centre are by 7:00am the following morning. However, dependent on your individual study, your discharge time may be later. Your discharge time will be confirmed with you prior to admission.

You should ensure that you have a follow-up appointment with your treating doctor, where you will receive the results of your sleep study.



# ST LUKE'S CARE

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**SLEEP CENTRE  
PRE-ADMISSION/REFERRAL FORM**

**FAX COMPLETED FORM TO** (02) 9356 0431  
**OR EMAIL TO** bookings@slc.org.au

All information is required to book a study. Patient detail forms must be completed to confirm booking.

## REFERRAL

<input type="checkbox"/> Dr Hugh Allen	<input type="checkbox"/> Prof David Barnes	<input type="checkbox"/> Prof Roy Beran	<input type="checkbox"/> Dr Gregory Blecher	<input type="checkbox"/> Dr Ganesh Thambipillay
<input type="checkbox"/> Dr Natalie Gentin	<input type="checkbox"/> Dr Paul Hamor	<input type="checkbox"/> Dr Brian Jarvie	<input type="checkbox"/> Dr Bradley Martin	<input type="checkbox"/> Dr David Jankelson
<input type="checkbox"/> Dr Arthur Teng	<input type="checkbox"/> Dr George Hamor	<input type="checkbox"/> Dr Anup Desai	<input type="checkbox"/> Dr Kwok Yan	<input type="checkbox"/> Dr Vishal Saddi
<input type="checkbox"/> Other : _____			Consultation Date:	/ /

Other:

Consultation Date:      /      /

## PATIENT DETAILS

Title:	Name:	Surname:				
Date of Birth:		/ /	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate/Intersex/Unspecified
Address:						
Telephone:	Email:					

## STUDY DETAILS

Date of Study (if booked):	/	/	<input type="checkbox"/> Review	<input type="checkbox"/> Urgent	<input type="checkbox"/> Routine
Study requested (please tick):	<input type="checkbox"/> Diagnostic <input type="checkbox"/> MWT <input type="checkbox"/> T3 & T4 Video <input type="checkbox"/> CPAPTitration <input type="checkbox"/> APAP <input type="checkbox"/> MAS <input type="checkbox"/> MSLT <input type="checkbox"/> EEG Full 10/20				

## CLINICAL DETAILS

## Sleep Hx

- Witnessed apnoea
- Chronic snoring
- Wakes unrefreshed
- Daytime lethargy, hypersomnolence
- Restless legs
- Abnormal sleep behaviour

### Other Medical Hx

<input type="checkbox"/> Heart disease	<input type="checkbox"/> Insomnia	<input type="checkbox"/> CVA
<input type="checkbox"/> Diabetes	<input type="checkbox"/> COPD	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Obesity	<input type="checkbox"/> AF	<input type="checkbox"/> ADL
<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Heart failure	<input type="checkbox"/> Paroxysmal
<input type="checkbox"/> Asthma/CAL	<input type="checkbox"/> HIV/HEP B/C	<input type="checkbox"/> Developmental
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Coping

## Allergies:

### Clinical notes:

Referring Doctor Signature:

Consultation Date:    /    /    Referral Date:    /    /    Provider No.:

DETACH FROM BOOKLET



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# ST LUKE'S CARE

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## PATIENT HISTORY FORM

UR No.: \_\_\_\_\_ Admission No.: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_  
Doctor: \_\_\_\_\_

## MEDICATION **Shaded areas for staff only**

## **ALLERGIES AND SENSITIVITIES**

No known allergies or reactions.

**YES** - Please document all known allergies or sensitivities e.g medications, foods, plants, tapes and dressings.

Medicine or substance	Details and reaction

## **MEDICATIONS** Tablets, capsules, puffers, patches, insulin, eye drops and creams

- include any complementary therapies, vitamins or over the counter preparations.

Does someone assist you to manage your medications at home?  No  Yes

If yes, who?

## RECENTLY CEASED OR CHANGED MEDICATIONS

- include any complementary therapies, vitamins or over the counter preparations.

Medication	Strength	Dose	Frequency

## PREVIOUS HOSPITALISATION

Have you been treated at this hospital before?	N	Y	Year:
Have you been hospitalised for more than 48 hours within the last 3 months?	N	Y	Dates: Hospital:
Have you been admitted to any hospital or aged care facility outside Australia within the last 12 months?	N	Y	Dates: Hospital:

**INFECTION CONTROL** If YES, please specify

Have you travelled to a country with a current health alert in the last month?  N  Y If yes, refer for review



**PATIENT HISTORY FORM**

UR No.: \_\_\_\_\_ Admission No.: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Date of Birth: / / Gender: \_\_\_\_\_  
Doctor: \_\_\_\_\_

**ADDITIONAL NOTES**

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**ST LUKE'S CARE**  
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**PATIENT DETAILS FORM**

UR No.: \_\_\_\_\_ Admission No.: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Given Names: \_\_\_\_\_  
 Date of Birth: / / Gender: \_\_\_\_\_  
 Doctor: \_\_\_\_\_

**ADMISSION DETAILS**

Admitting Doctor: \_\_\_\_\_  
 Date of Study: / /

**PERSONAL DETAILS**

Title: \_\_\_\_\_ Given Names: \_\_\_\_\_  
 Surname: \_\_\_\_\_ Previous Surname (if applicable): \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Telephone (Wk/Day): \_\_\_\_\_  
 (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Gender:  Male  Female  Indeterminate/Intersex/Unspecified  
 Date of Birth: / / Age: \_\_\_\_\_  
 Marital status:  Single  Married  De-facto  Divorced  Separated  Widowed  
 Country of birth: \_\_\_\_\_ Are you an Australian resident?  Yes  No  
 Language spoken at home: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Are you of Aboriginal or Torres Strait Islander origin?  Yes  No

**PERSON TO CONTACT**

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone (Wk/Day): \_\_\_\_\_  
 (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_  
 Second Contact / Power of Attorney: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**DETAILS OF GP (IF DIFFERENT FROM REFERRING DOCTOR)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_



## PATIENT DETAILS FORM

### PERSON RESPONSIBLE FOR ACCOUNT

Self  Next of Kin  Workers Compensation  DVA  Third Party  Defence  Other: \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

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

Telephone (Wk/Day): \_\_\_\_\_ (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

By signing below, I declare that I am the person responsible for this account and acknowledge that I have read, understood and agreed to the financial information as outlined in the Pre-Admission Information.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: / /

### MEDICARE DETAILS

Medicare No: | | | | | | | | | | Medicare Reference Number: \_\_\_\_\_ Expiry Date: / /

### CONCESSIONAL BENEFITS

Do you hold any of the following cards:

Health Care Card  Pension Card  Pharmaceutical Benefits Card

Name of Pension/Benefit: \_\_\_\_\_ Benefit Card No: \_\_\_\_\_

Have you reached the Safety Net for Pharmaceuticals?  Yes  No Safety Net No: \_\_\_\_\_

### HEALTH INSURANCE DETAILS

Insurance Type:  Private Health Fund  Workers Compensation  Third Party  DVA  Self Funded  Defence

**Name of Health Fund:** \_\_\_\_\_ Type of Cover: \_\_\_\_\_

Membership No: \_\_\_\_\_ Do you have an excess?  Yes  No

Has this cover changed in the last 12 months?  Yes  No

**Workers Comp Fund Name:** \_\_\_\_\_

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

Claim Number: \_\_\_\_\_ Date of Accident: / /

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

HR Manager: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Third Party Name:** \_\_\_\_\_ Details: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Serving Member of:** \_\_\_\_\_ DVA No.: \_\_\_\_\_ DVA Card Colour: \_\_\_\_\_

Details of cover (white card only): \_\_\_\_\_

### PATIENT RESPONSIBILITY

By ticking the following boxes I acknowledge that I have read and understood the information contained within the following sections of the Pre-Admission Booklet:

Pre-Admission Information  Responsibility of Personal Items  Privacy Information

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: / /



**ST LUKE'S CARE**  
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**PATIENT DETAILS FORM**

UR No.: \_\_\_\_\_ Admission No.: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Given Names: \_\_\_\_\_  
Date of Birth: / / Gender: \_\_\_\_\_  
Doctor: \_\_\_\_\_

**ADDITIONAL NOTES**

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# FINANCIAL INFORMATION

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## YOUR HOSPITAL ACCOUNT

We strongly recommend you check the level of cover you hold with your health fund and your eligibility for benefits.

Should you require an estimate of the likely costs for your hospital stay please contact your doctor's office and ask for an estimate for length of stay and item numbers for planned procedure(s). Please note that this will be an estimate only.

## PAYMENTS

Payment for your estimated hospital fees, gaps or excess is required on admission. Full fee paying patients will be required to pay 100% of the estimated fee on arrival to St Luke's Care Private Hospital. We accept payment by credit card, cash, bank cheque and EFT, however cannot accept personal cheques. EFT payments must be completed a minimum of five (5) business days prior to admission.

Circumstances may also occur during your hospitalisation that will result in additional fee charges. A credit card pre-authorisation or cash deposit against additional expenses is also required on admission. Additional expenses incurred during admission must be settled at discharge. Upon being admitted to St Luke's Care Private Hospital, you agree to pay all fees relating to your hospital visit, including where your health fund or insurance claim is declined for any reason.

## OTHER SERVICE PROVIDER ACCOUNTS

All other accounts from service providers such as pharmacy, pathology and radiology will be invoiced separately, directly to you and will be payable to the individual provider.

## YOUR DOCTORS' ACCOUNTS

Accounts from treating doctors are separate and are not usually fully covered by your health fund or Medicare. Please contact your treating doctors directly for estimates and/or to settle these accounts. This also applies to anaesthetists.

## PRIVATELY INSURED PATIENTS

Please check with your private health insurer to ensure that your insurance is up to date.

The hospital will check on your behalf whether you have an excess or co-payment to pay or if your level of cover or waiting period excludes you from receiving benefits for some conditions. However, it is important that you also check with your private health insurer as co-payments and costs for excluded procedures are your responsibility.

## UNINSURED PATIENTS

If you do not have health insurance, you will be required to pay the full estimate of your account on or before the day of your admission. Fees for additional or unplanned services are payable on or after the day of your discharge.

## VETERANS

All veterans will receive a hospital estimate highlighting the potential out-of-pocket expenses associated with private room accommodation.

The hospital will ensure that prior approval is received for all White Card holders. Gold Card DVA patients do not require approval prior to admission.

If you require transport to or from hospital, you will need to contact DVA Transport to make arrangements.

## WORKERS' COMPENSATION AND THIRD PARTY PATIENTS

All workers' compensation, public liability and third party patients require approval from their insurer prior to admission. If approval is not received, the patient is required to pay the estimated amount on or before the day of admission.

Department of Veterans' Affairs (DVA), Workers' Compensation, CTP, Defence patients and those with health insurance cover for shared rooms will have to pay a gap payment for each day you occupy a private room should you request such accommodation.

The telephone number for all accounts queries is **(02) 9356 0200**.

## PRIVACY INFORMATION

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We acknowledge our obligations to you under the Privacy Act 1998 and other laws which protect your information. Personal information we collect from you will be used primarily to ensure that you receive optimal care, but may be used for other purposes, post surgery. Personal information is released under legislation to the State Health Authority, Health Funds and the Private Hospital Data Bureau.

We may also release your contact details to the St Luke's Hospital Foundation. The St Luke's Hospital Foundation is a charitable organisation whose mission is to support the work of St Luke's Care. The Foundation may send you a newsletter or information on the work it does. If you do not wish to receive this information please contact the Foundation on (02) 9356 0277 or inform one of our administrative staff at the time of your admission. The Foundation will not have access to your health information.

Our Personal Information Management Policies are available at reception. Our administration staff, who can be contacted by telephone through our main switchboard, are happy to answer any questions you may have concerning the policy. By ticking the Privacy Information box on your Pre-Admission Form, you are hereby consenting to the collection and use of personal information for the purpose of your care and wellbeing in accordance with the St Luke's Care Privacy Policies and reporting requirements under legislation.

We may disclose your personal information to third parties, such as pharmacy, pathology and radiology service providers who are engaged to provide health services to patients. In some circumstances those parties may be required by law to collect your personal information.

Further, you understand that your health fund or a third party insurer may require details of your hospital care, including information on your medical condition(s) and treatment(s) given by the hospital, to enable payment of benefits for your hospitalisation. You hereby authorise St Luke's Care Private Hospital and/or your treating doctor to provide the information for this purpose to the health fund/insurer nominated by you on the Patient Detail Form.



# FAQ

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## **My son/daughter requires a study, can both parents stay?**

We are able to accommodate **one** parent or caregiver per admitted child.

## **I'm concerned my child will be upset by the test.**

We hope that your child will sleep well during their stay with us. It is common for them to feel nervous, however our sleep rooms are comfortable with friendly staff who are there to help and explain each step of the test. We have found that talking about the test beforehand and involving them in the process helps when it comes time to set up the equipment for the test.

For young children, you can stick fun stickers to their forehead and chest to show them what the sensors feel like.

Please arrive on time for your child's appointment to avoid feeling rushed and to help your child relax. It can be helpful to follow what would otherwise be your child's normal bedtime routine. ie read a book.

## **Are meals provided?**

Yes. Both dinner and breakfast are provided.

The accompanying parent or carer of a child patient is also given dinner and breakfast.

## **What time do I arrive?**

Your time of arrival will depend on the nature of your sleep study. We will confirm your admission time prior to your arrival.

## **Where do I park?**

Patients of the Sleep Centre have free-of-charge overnight access to our visitor parking.

Enter through the driveway of 18 Roslyn Street, Potts Point.

## **Where do I check in?**

Patients of the Sleep Centre need to check in to St Luke's Care Private Hospital reception.

## **What happens if I can't sleep?**

Sleeping in an unfamiliar space can create restless sleep or difficulty falling asleep. For this reason, we recommend bringing along your own pillow and, for children, any sleep aides or toys that they are familiar with.

Please be assured that even with a restless, irregular sleep, a study can still be performed and important data gathered.

## **Is it painful?**

No, the test is pain free. Testing wires are attached to your head, forehead and chest via a glue and patch. This is not a painful procedure, but can be upsetting for young children.



## LOCATION | TRAVEL

St Luke's Care Private Hospital is centrally located in Sydney's Eastern Suburbs at 18 Roslyn Street, Potts Point, just a few minutes' drive from the CBD. The Hospital has wheelchair access to all areas, with multiple easy drop-off points.

### PARKING OPTIONS FOR PATIENTS AND VISITORS

Overnight Sleep Centre patients are welcome to park free of charge in our visitor parking.

### PUBLIC TRANSPORT OPTIONS

The Hospital is also easily accessed by public transport with the Kings Cross Train Station close by and regular bus services.



For further enquiries

**ST LUKE'S CARE**

**18 Roslyn Street Potts Point NSW 2011**

Phone 02 9356 0200

Email [enquiries@slc.org.au](mailto:enquiries@slc.org.au)

**[slc.org.au](http://slc.org.au)**