UNPLANNED ADMISSION/ACUTE ADMISSIONS UNIT BOOKING FORM

Cromwell Hospital

To discuss admission to AAU please contact the site lead team on **020 7341 5032.**
Please email this booking form to the site lead team at **siteleadsgroup@cromwellhospital.com**

Please note: Booking will not be confirmed unless completed in full.
All sections are mandatory.

Patient details

Title:	Surname:	First name(s):

Patient correspondence address:	DOB:	Age:
	MRN: ☐ Patient **has not** visited Cromwell Hospital before. Need new MRN. ☐ Patient **has** visited Cromwell Hospital before, but unsure of MRN	
Patient main contact number:	Payor:	
Patient alternative contact number:	Membership / Policy number:	
Patient email:	Pre-authorisation number:	

Admission Criteria/Clinical Details

Presenting complaint/Differential diagnosis:	Admitting consultant (in AAU):
Is the patient presenting with an episode of acute mental health illness ? Yes ☐ No ☐ Do you suspect this patient to be pregnant? Yes ☐ No ☐ Do you suspect an acute MI or Stroke? Yes ☐ No ☐	Admission date: Admission time: Any known allergies:

Referrer

Name:	Contact number:
Role: UCC Dr ☐ GP ☐ Cromwell consultant ☐ Embassy Dr ☐ Other ☐	
Address:	

Completed by

Form completed by:

Name: Date:

Profession: Contact number