

Name (English & Chinese): _____

Date of Birth:
(dd-mm-yyyy)

Sex: _____

ID No.: _____

ADMISSION LETTER

Please the appropriate item(s)

Admission Date & Time: _____ **Expected Length of Stay:** _____ **Day(s)**

Room Type: Single 2-bed 4-bed Day Ward / Day Bed

Drug Allergy(ies): NKDA Yes, please specify _____

Food Allergy(ies): NKFA Yes, please specify _____

Alert(s): Nil G6PD Deficiency Others, please specify _____

History of multiple drug resistance organisms (MDRO):

No Yes, MRSA / ESBL / CRA / MRAB / MDRA / CPE / VRE / MRPA / Candida auris (Confirmed/Contact)

Adverse Drug Reaction(s): Nil Others, please specify _____

On High Alert Drug(s): Nil Anticoagulant Non-Aspirin Antiplatelet Others: _____

Current Medications: No Yes. Please fill in the attached Patient Own Medications and Prescription Record to accompany this letter.

Principal Diagnosis:

Secondary Diagnosis:

History of Presenting Illness:

Plan of Management:

Others:

Treatment Procedure/Surgical Operation:

OT Date & Time: _____

Informed Consent Signed (attach to this letter if any)

Information Sheet given to patient

Doctor's Signature

Doctor's Name

Date (dd-mm-yyyy)

Remarks:

1. Please advise patient to bring along all investigation reports or films and signed budget estimate (if any) for admission.
2. Please use extra sheet if necessary.

