




# Online Pre-Admission Paperwork

## Receiving admission forms that have been submitted online through the patient portal

1. Select **Data I/O** and then **PreAdmit Holding Bay** from the main menu. 
2. The list of submitted forms is shown on the **LEFT** and a preview of the admission form on the **RIGHT**.
3. For patients that are **Not Linked**, click on the 3 dots and select **Link Patient**. If there is no matching patient select **"Create New Patient"** 
4. Print or download the paperwork using the icons, **Print** or **Print All**, in the top right corner of the preview screen. **Print** will just print the form that is being previewed. **Print All** will print any additional forms that the patient has attached also.
5. The 3 dots can also be used to **Commit** the document to the patients record.
6. Documents can also be **Committed in Bulk** by selecting all the entries using the check boxes on the left.
7. Using the **Select Bulk Option** dropdown box select **Bulk Commit**.
8. If committing forms individually, you're given the option to assign the form to a **particular episode**. A pop up will give the option to **Link to Episode** with a drop down to choose the particular episode.
9. You can also choose to update the **Admission Form Received** checkbox on the Edit Appointment Screen while committing the form as well. 
10. You are also given the option to update **Health Fund Details** for the particular episode if the PreAdmit form has different details than what is listed in FYDO.
11. These forms will now be saved in the corresponding patients **Documents**.
12. If you would like to attach the documents to the patients record, but NOT automatically update the patient record, then UNTICK the **"Update Patient Record"** checkbox before committing.
13. If you have committed a patient, but cannot remember who they were, go to the **Settings** and select **Logs**. This will give a list of who has been committed.

All new **Patient Alerts** can now also be viewed from the **Preadmit Holding Bay**! Simply click the flag icon:

Preadmit Holding Bay
Bulk Option ▾ ▼

<input type="checkbox"/>	Received !	Patient	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Date of Birth	F	Doctor	Admission
<input type="checkbox"/>	28/01/2025	DREAM_Day	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	15/04/1926	1	-	01/02/2025
<input type="checkbox"/>	28/01/2025	DSILVA, Lightning	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	16/04/1986	1	-	31/01/2025
<input type="checkbox"/>	21/01/2025	WHITE_Snow	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	07/07/2017	1	-	14/02/2025
<input type="checkbox"/>	21/01/2025	TREMAINE, Cinderella	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	20/05/1941	1	-	30/01/2025
<input type="checkbox"/>	11/09/2024	BOND, Mary	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	03/04/1958	1	-	24/09/2024
<input type="checkbox"/>	13/08/2024	SWAGGER_Bob_Lee	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	08/12/1975	1	-	18/09/2024

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Records 1-6 of 6 (Page 1 of 1)

75\_AdmissionForm\_001.pdf  
< 1 / 1 > Print Print All

**Planned admission date**

01/02/2025

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**Patient details**

TITLE Mr GIVEN NAMES Day FAMILY NAME Day

ADDRESS Daydream Island QLD POSTCODE 4741

POSTAL ADDRESS 123 Dreamy Lane POSTCODE

TEL HOME TEL WORK MOBILE 0400000000

EMAIL ADDRESS please print clearly

DATE OF BIRTH 15/04/1926 SEX PERMANENT RESIDENT YES NO

MARITAL STATUS Married including de facto

INDIGENOUS No LANGUAGE Spoken at home English COUNTRY OF BIRTH OCCUPATION

NEVERSEED NO REFERENCE NO LOCAL RESIDENCE NO EXPIRY DATE

**Emergency contacts**

NEXT OF KIN Daisy Dream RELATIONSHIP Partner TEL MOBILE 0411111111

NAME OF ESCORT RELATIONSHIP TEL MOBILE

**Your Health Fund**

NAME OF FUND Australian Health Management - AHM MEMBERSHIP NO. 456789

I HAVE NO HEALTH FUND COVER I HAVE OVERSEAS INSURANCE WRITTEN APPROVAL FOR DAY SURGERY PROCEDURE MUST BE RECEIVED BY THE FACILITY PRIOR TO ADMISSION OR FULL PAYMENT WILL BE REQUIRED ON ADOPTION.

HAVE YOU BEEN ADMITTED TO HOSPITAL IN THE LAST 28 DAYS? YES NO

**Pension & health care card details (if applicable)**

PENSION NO. EXPIRY DATE DEPT VETERANS AFFAIRS NO. DVA CARD COLOUR SUBSIDY OF LOCAL COSTS

REFERRING LOCAL DOCTOR

**If claiming workers compensation/third party accident insurance**

WRITTEN APPROVAL FOR DAY SURGERY PROCEDURE MUST BE RECEIVED BY THE FACILITY PRIOR TO ADMISSION OR FULL PAYMENT WILL BE REQUIRED ON ADOPTION.

EMPLOYER ADDRESS POSTCODE

TEL CONTACT DATE OF ACCIDENT

INQUIRY/COMPLAINT CONTACT CLAIM NO.