

1991—No. 309

**PRIVATE HOSPITALS AND DAY PROCEDURE CENTRES  
ACT 1988—REGULATION**

(Relating to prescribed forms)

NEW SOUTH WALES



*[Published in Gazette No. 98 of 28 June 1991]*

HIS Excellency the Governor, with the advice of the Executive Council, and in pursuance of the Private Hospitals and Day Procedure Centres Act 1988, has been pleased to make the Regulation set forth hereunder.

J.P. HANNAFORD  
Minister for Wealth and Community Services.

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**Commencement**

1. This Regulation commences on 1 July 1991.

**Amendments**

2. The Day Procedure Centres Regulation 1990 is amended:
    - (a) by omitting from clause 4 (1) the definition of “morbidity form” and by inserting instead the following definition:

**“in-patient statistics form”** means an in-patient statistics form referred to in clause 14;
    - (b) by omitting from clause 14 (1) (b) the words “a morbidity” and by inserting instead the words “an in-patient statistics”;
    - (c) by omitting from clause 1.5.3 (3) (c) and (4) (c) in Schedule 1 the word “morbidity” wherever occurring and by inserting instead the words “in-patient statistics”;
    - (d) by omitting Forms 6, 7 and 8 from Schedule 2 and by inserting instead the following forms:
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PRIVATE HOSPITALS AND DAY PROCEDURE CENTRES ACT 1988  
REGISTER OF PATIENTS FORM 6

(Cl. 13)

HOSPITAL		HOSPITAL CODE No		MEDICAL RECORD No													
SURNAME		GIVEN NAMES (IN FULL)		SEX	MARITAL STATUS												
OCCUPATION		STREET No	STREET NAME														
RELIGION	USUAL ADDRESS (PLEASE PRINT)	SUBURB, TOWN OR LOCALITY		POST CODE	PHONE												
LANGUAGE USED AT HOME	COUNTRY OF BIRTH	ABORIGINAL	BIRTH DATE	AGE	BIRTH WEIGHT (GMS) (NEW BORN ONLY)												
PERSON FOR NOTIFICATION	RELATIONSHIP	PHONE	NAME OF REFERRING/LOCAL MEDICAL OFFICER		PHONE												
ADDRESS		ADDRESS															
DRUGS ON ADMISSION		ATTENDING MEDICAL OFFICER		PHONE													
ADDRESS		ADDRESS															
ADMITTED FROM		ADMISSION DATE	TIME	WAS PATIENT ADMITTED TO A PSYCH UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO													
PATIENT TYPE ON ADMISSION		DATE OF SEPARATION	TIME	LEAVE DAYS													
<input type="checkbox"/> NURSE <input type="checkbox"/> RESIDE <input type="checkbox"/> PALLIATIVE CARE <input type="checkbox"/> GERIATRIC ASSESS. <input type="checkbox"/> RESPIRE CARE <input type="checkbox"/> PSYCHO-GERIATRIC <input type="checkbox"/> OTHER (INCL. ACUTE)																	
TYPE CHANGE		PATIENT STATUS ON SEPARATION		MODE OF SEPARATION													
NEW TYPE      DATE 1ST CHANGE <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2ND CHANGE <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														<input type="checkbox"/> PUBLIC CONTRACT <input type="checkbox"/> PRIVATE <input type="checkbox"/> WORK COMP <input type="checkbox"/> MOTOR ACCIDENT <input type="checkbox"/> DISCH. BY HOEP. <input type="checkbox"/> TRANS. NURSING HOME <input type="checkbox"/> TRANS. OTHER HOEP. <input type="checkbox"/> TRANS. PSYCH. HOEP. <input type="checkbox"/> TRANS. OWN RISK <input type="checkbox"/> TRANS. OTHER HOEP. <input type="checkbox"/> TRANS. OTHER ACCIDENT <input type="checkbox"/> TRANS. OTHER SEPARATION <input type="checkbox"/> DISCHARGE ON LEAVE		DISCH. BY HOEP. <input type="checkbox"/> TRANS. NURSING HOME <input type="checkbox"/> TRANS. OTHER HOEP. <input type="checkbox"/> TRANS. PSYCH. HOEP. <input type="checkbox"/> TRANS. OWN RISK <input type="checkbox"/> TRANS. OTHER HOEP. <input type="checkbox"/> TRANS. OTHER ACCIDENT <input type="checkbox"/> TRANS. OTHER SEPARATION <input type="checkbox"/> DISCHARGE ON LEAVE	
PROVISIONAL DIAGNOSIS/REASON FOR ADMISSION				HOSPITAL INSURANCE													
				<input type="checkbox"/> TOP COVER <input type="checkbox"/> NO COVER <input type="checkbox"/> BASIC COVER													
PRINCIPAL DIAGNOSIS (i.e. THE CONDITION WHICH BEST ACCOUNTS FOR STAY IN HOSPITAL)																	
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OTHER CONDITIONS PRESENT																	
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PRINCIPAL OPERATION OR MAJOR PROCEDURE			SURGEON	DATE													
			OTHER PERSONS PRESENT														
OTHER OPERATIONS OR PROCEDURES			SURGEON	DATE													
			OTHER PERSONS PRESENT														
EXTERNAL CAUSE OF INJURY OR POISONING (IF APPLICABLE)																	
E <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																	
PLACE OF OCCURRENCE OF INJURY OR POISONING																	
<input type="checkbox"/> HOME <input type="checkbox"/> FARM <input type="checkbox"/> MINE/QUARRY <input type="checkbox"/> INDUSTRIAL PREMISES <input type="checkbox"/> RECREATION/SPORT VENUE <input type="checkbox"/> STREET/HIGHWAY <input type="checkbox"/> PUBLIC BUILDING <input type="checkbox"/> RESIDENTIAL INSTITUTION <input type="checkbox"/> OTHER SPEC PLACE <input type="checkbox"/> UNSPECIFIED PLACE																	
TO BE CONSOLIDATED SEQUENTIALLY IN LOOSE LEAF COVER AS REGISTER																	

PRIVATE HOSPITALS AND DAY PROCEDURE CENTRES ACT 1988  
ADMISSION FORM 7

(Cl. 14)

HOSPITAL		HOSPITAL CODE No.		MEDICAL RECORD No.	
SURNAME		GIVEN NAMES (IN FULL)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
OCCUPATION		STREET No.		STREET NAME	
RELIGION		USUAL ADDRESS (PLEASE PRINT)		SUBURB, TOWN OR LOCALITY	
LANGUAGE USED AT HOME		COUNTRY OF BIRTH		POST CODE	
PERSON FOR NOTIFICATION		RELATIONSHIP		PHONE	
ADDRESS		NAME OF REFERRING/LOCAL MEDICAL OFFICER		PHONE	
DRUGS ON ADMISSION		ADDRESS		ATTENDING MEDICAL OFFICER	
ADMITTED FROM		ADMISSION DATE		TIME	
PATIENT TYPE ON ADMISSION		DATE OF SEPARATION		TIME	
TYPE CHANGE		PATIENT STATUS ON SEPARATION		MODE OF SEPARATION	
PROVISIONAL DIAGNOSIS/REASON FOR ADMISSION		HOSPITAL INSURANCE		TOP COVER	
PRINCIPAL DIAGNOSIS (i.e. THE CONDITION WHICH BEST ACCOUNTS FOR STAY IN HOSPITAL)		SURGEON		DATE	
OTHER CONDITIONS PRESENT		OTHER PERSONS PRESENT			
PRINCIPAL OPERATION OR MAJOR PROCEDURE		SURGEON		DATE	
OTHER OPERATIONS OR PROCEDURES		OTHER PERSONS PRESENT			
EXTERNAL CAUSE OF INJURY OR POISONING (IF APPLICABLE)		E			
PLACE OF OCCURRENCE OF INJURY OR POISONING		TO BE ATTACHED TO MEDICAL RECORD OF PATIENT		CHIEF NURSE ON ADMISSION	
				CHIEF NURSE ON SEPARATION	

PRIVATE HOSPITALS AND DAY PROCEDURE CENTRES ACT 1988  
INPATIENT STATISTICS FORM 8

(Cl. 14)

\* NOTE : CANCER CASES MUST ALSO BE NOTIFIED ON SCHEDULE 17A

HOSPITAL		HOSPITAL CODE No		MEDICAL RECORD No	
USUAL ADDRESS (PLEASE PRINT)		SEX <input type="checkbox"/> M <input type="checkbox"/> F		MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/> V	
		STREET No		STREET NAME	
SUBURB, TOWN OR LOCALITY		POST CODE			
LANGUAGE USED AT HOME	COUNTRY OF BIRTH	ABORIGINAL <input type="checkbox"/> Y <input type="checkbox"/> N	BIRTH DATE	BIRTH REG'D. SHS QUAL. BARRIS ONLY*	
ADMISSION DATE		DATE OF SEPARATION		WAS PATIENT ADMITTED TO A PSYCH UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PATIENT TYPE ON ADMISSION		MODE OF SEPARATION		LEAVE DAYS	
<input type="checkbox"/> MTP <input type="checkbox"/> REHAB <input type="checkbox"/> Palliative Care <input type="checkbox"/> Geriatric Assess <input type="checkbox"/> Respite Care <input type="checkbox"/> Psycho Geriatric <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Public Contract <input type="checkbox"/> Private <input type="checkbox"/> Work Comp <input type="checkbox"/> Motor Accident <input type="checkbox"/> Disch by Hosp <input type="checkbox"/> Trans Nursing Home <input type="checkbox"/> Trans Other Hosp <input type="checkbox"/> Death by Autopsy <input type="checkbox"/> Type Change Separation		<input type="checkbox"/> Vet Affairs <input type="checkbox"/> Ineligible <input type="checkbox"/> Defence Force <input type="checkbox"/> Other <input type="checkbox"/> Disch Own Risk <input type="checkbox"/> Trans Psych Hosp <input type="checkbox"/> Death Autopsy <input type="checkbox"/> Trans Other Accidm <input type="checkbox"/> Discharge on Leave	
PROVISIONAL DIAGNOSIS REASON FOR ADMISSION				HOSPITAL INSURANCE <input type="checkbox"/> TOP COVER <input type="checkbox"/> NO COVER <input type="checkbox"/> BASIC COVER	
PRINCIPAL DIAGNOSIS * (# THE CONDITION WHICH BEST ACCOUNTS FOR STAY IN HOSPITAL)					
OTHER CONDITIONS PRESENT *					
PRINCIPAL OPERATION OR MAJOR PROCEDURE					
OTHER OPERATIONS OR PROCEDURES					
EXTERNAL CAUSE OF INJURY OR POISONING (IF APPLICABLE)					
PLACE OF OCCURRENCE OF INJURY OR POISONING <input type="checkbox"/> HOME <input type="checkbox"/> FARM <input type="checkbox"/> Mine Quarry <input type="checkbox"/> Industrial Premises <input type="checkbox"/> Recreation Sport Venue <input type="checkbox"/> Street/ Highway <input type="checkbox"/> Public Building <input type="checkbox"/> Residential Institution <input type="checkbox"/> Other Spec Place <input type="checkbox"/> Unspecified Place					
AN INPATIENT STATISTICS FORM MUST BE COMPLETED FOR EACH SEPARATION AND FORWARDED TO: DATA QUALITY COORDINATOR HEALTH INFORMATION UNIT NSW HEALTH DEPARTMENT LOCKED MAIL BAG 961 NORTH SYDNEY NSW 2060				OFFICE USE ONLY	

FORM No. PR15

**EXPLANATORY NOTE**

The object of this Regulation is to amend the Day Procedure Centres Regulation 1990 by omitting Form 6 (Register of Patients at a Day Procedure Centre), Form 7 (Day Procedure Centres Admission Form) and Form 8 (Day Procedure Centre Morbidity Form) and substituting forms providing for the recording of additional information necessary to comply with the National Minimum Data Set approved by the Australian Health Ministers Advisory Conference.

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