

Bear Cottage Medical Update Form

MEDICAL OFFICER TO COMPLETE

**Please return this form by faxing to Bear Cottage on (02) 9976 8303
or by mail to Bear Cottage, PO Box 2500, Manly**

If you require further information please call: Narelle Martin, Nursing Unit Manager on (02) 9976 8300

Date form completed: _____

Patient details

Name of patient: _____

Primary diagnosis: _____

Other diagnosis: _____

Reason for admission: *(Please tick the appropriate box)*

Respite

Symptom control

Terminal care

Other: _____

Update on Clinical Condition

For example: change in respiratory status, pain or seizure control, GI symptoms etc



2 Fairy Bower Road
Locked Bag 4001 Westmead NSW 2145 Sydney Australia
Tel +61 2 9976 8300 Fax +61 2 9976 8303

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Medication

Please complete details of all current medications on a **NSW HEALTH PAEDIATRIC MEDICATION CHART**. This information will be used at Bear Cottage by Nursing Staff as a legal document to administer all medications.

Name: _____

Address: _____

Date of birth: _____

Additional comments with regards to medication: _____

Allergies/adverse drug reactions: _____

Current status: _____

Doctor's name (please print): _____



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Contact address: _____

Phone: _____

Fax: _____

Email: _____

Doctor's signature: _____ Date: _____

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