

_____ Hospital  <b>REQUEST FOR PATIENT TO HAVE A BOARDER</b>	Surname		MRN	
	Given Name		DOB	Sex
	Address			Post Code

**(To be completed by admitting Medical Practitioner for ALL BOARDERS)**

It is considered necessary for the medical well being of the above named patient to be allowed to be accompanied by a boarder during their hospitalisation.

The category of boarder is:

**Non Chargeable Boarder:**

- accommodation for a mother accompanying a sick child for breast feeding,

**OR**

- a breast fed baby accompanying its sick mother,

**OR**

- persons accompanying a sick child for the medical well-being of the child (as determined by the doctor).

**Chargeable Boarder:**

- accommodation for persons accompanying patients (other than above), including eligible war service veteran patients.

**Medical Reasons for Requiring Boarder:**

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**Boarders Name:** \_\_\_\_\_

Medical Practitioners Signature: \_\_\_\_\_

Date:.....

**OFFICE USE ONLY**

No. of nights: \_\_\_\_\_

**FOR CHARGEABLE PATIENTS SEND FORM TO FINANCE AP HUB**

(keep copy in health record correspondence)