

Pre-Admission Assessment

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Surgery: \_\_\_\_\_

Surgery Date: \_\_\_\_\_ Surgery Time: \_\_\_\_\_ Arrival time: \_\_\_\_\_

Allergies: \_\_\_\_\_ Latex: \_\_\_\_\_ NPO \_\_\_\_\_ Ride \_\_\_\_\_

Ht \_\_\_\_\_ Wt \_\_\_\_\_ Clear Liquids day before \_\_\_\_\_

Med Hx: \_\_\_\_\_

Surgical Hx: \_\_\_\_\_

Medications: \_\_\_\_\_

Smoker: \_\_\_\_\_ ppd \_\_\_\_\_ yrs Alcohol \_\_\_\_\_ AA \_\_\_\_\_ Glasses/Contacts \_\_\_\_\_

Dentures \_\_\_\_\_ Chipped/loose teeth \_\_\_\_\_ Hx of Falls past? \_\_\_\_\_

Medications to take AM of procedure? \_\_\_\_\_

Contact Person \_\_\_\_\_ Stop Bang Completed \_\_\_\_\_ Referral \_\_\_\_\_

LMP under 50? \_\_\_\_\_ Needs Preg test on admission? YES or NO

POA/Living Will? \_\_\_\_\_ Copy here? \_\_\_\_\_ MRSA or VRE? \_\_\_\_\_

Metal? \_\_\_\_\_ Assistive Devices? \_\_\_\_\_ Implanted Devices? \_\_\_\_\_

Suicide hx \_\_\_\_\_ Immunizations \_\_\_\_\_ IPOC initiated \_\_\_\_\_

Pacemaker \_\_\_\_\_ Diabetes \_\_\_\_\_ Prep education done \_\_\_\_\_

Do you have any cardiac, resp, or flu-like symptoms at the present time? \_\_\_\_\_

Recent lab, chest x-ray, EKG? \_\_\_\_\_ Where? \_\_\_\_\_

PATS Vitals or notes \_\_\_\_\_