PRE-PROCEDURE and ADMISSION SCREENINGS

PATIENT INFORMATION									
Home phoneWorkLocal/cell number									
Would it be best to call you at □ home □ work Can we leave a message? □ Yes □ No									
Home addressCityState									
E-mail									
Primary care physician Emergency contact		Fax							
Emergency contact	Rela	tion	ŀ	Phone					
ADMISSION SCREENINGS									
ALLERGIES Reaction									
□ No known □ Contra	Banana								
□ Sulfa □ Avoca									
□ Latex □ Chestr	<u></u>	Dl/C							
Check all that apply		Psycho/Social Do you smoke? □ No □ Yes Ever smoked? □ No □ Yes							
Check all that apply ☐ Speak English ☐ Understand English	a h	If so, packs / per day / for							
☐ Read English ☐ Speak Spanish	511								
Other language			yrs Quit in the last 12 months □ No □Yes						
Other language		Do you drink al							
		how much							
have you ever been told you have an infection that is				ecreational drugs?					
resistant to antibiotics? No Yes	D 2/1	□ No □ Yes							
If yes, \square MRSA \square VRE \square other \square		Do you have an	o you have any body piercing? \(\sigma\) No \(\sigma\) Yes If so,						
If patient answers yes, send notification to UCH Control Team	infection	where							
Control Team									
p	DEDDOCED	DDEDDO CEDUDE CODEENING							
PREPROCEDURE SCREENING Here you or anyone in your family had. trouble breathing lying flat. chapter stress test.									
				ahnormal heart stress test					
Have you or anyone in your family had	☐ trouble br	eathing lying flat	□ <i>i</i>	abnormal heart stress test					
Have you or anyone in your family had problems with general anesthesia?	☐ trouble br☐ asthma	eathing lying flat	Wh	nenWhere					
Have you or anyone in your family had problems with general anesthesia? ☐ no	☐ trouble br☐ asthma☐ shortness	reathing lying flat of breath	Wh	nen Where abnormal heart ultrasound					
Have you or anyone in your family had problems with general anesthesia? ☐ no ☐ yes	☐ trouble br☐ asthma☐ shortness☐ shortness☐	eathing lying flat of breath of breath on exert	Wh tion Wh	nen Where abnormal heart ultrasound nen Where					
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PRE-PROCEDURE and ADMISSION SCREENINGS

Current Home Medications							
(Include prescriptions, herbals, over-the-counter drugs, inhalers, patches, pumps, etc.) IF you have a list of your medications please provide this to your provider and they will make a copy or be sure it is entered into the computer system.							
PATIENT SIGNATURE _ The above information has belief RN SIGNATURE.	been reviewed and ve	rified with the patient	Date				