To Our Patients:

We are pleased to have the opportunity to welcome you to the University of Colorado Health Sciences Center.

The University of Colorado Hospital is the largest teaching and research hospital in the Rocky Mountain Region. Services range from primary care offered in various outpatient care locations, to the most acute hospital cases in the region. The physicians and faculty are world renowned medical researchers and all offer the latest available diagnoses and treatments in their specialties.

**Billing Information**

University of Colorado Hospital based practices are legally obligated to bill as a facility and do not submit claims in the same manner as a freestanding physician owned practice. Visits are billed in two parts. The facility portion is billed by University of Colorado Hospital and the medical provider’s professional fees are billed by University Physicians, Inc. Bills are submitted and processed as outpatient visits. Please contact your health insurance provider directly if there are questions regarding receiving care in a hospital based practice.

**Reminder**

If you have been seen outside of the University of Colorado Hospital for this condition and have not had your records sent, please bring any relevant medical information. This could potentially include: notes, lab results, x-rays, ultrasounds, MRIs and a list of all medication with dosages. If there is a medical history form enclosed, please complete and bring it with you. Additionally, please bring your insurance card, co-pay and photo identification.

**Your appointment information is listed below.**

Provider: ____________________________

Date and Time: __________________________

Specialty: ____________________________

Thank you for choosing the University of Colorado Hospital for your health care needs. We look forward to serving you.
ULK Campus Map

**Anschutz Inpatient Pavilion**
12605 E. 16th Ave.
Aurora, CO 80045

**Anschutz Outpatient Pavilion**
1635 Aurora Ct.
Aurora, CO 80045

www.uch.edu

**Driving Directions:**

**From Downtown Denver**
- East on Colfax to Aurora Court
- Left on Aurora Court to 16th Ave.
- Left on 16th Ave to the stop sign
- Right at the stop sign to the Anschutz Outpatient parking

**From the south (via I-225)**
- West on Colfax to Aurora Court
- Right on Aurora Court to 16th Ave.
- Left on 16th Ave to the stop sign
- Right at the stop sign to the Anschutz Outpatient parking

**From the north**
- South on Peoria to Colfax
- East on Colfax
- Left on Aurora Court to 16th Ave.
- Left on 16th Ave. to the stop sign
- Right at the stop sign to the Anschutz Outpatient parking

To I-70
To Denver
To I-225

To Denver
To I-225

www.uch.edu
Automatic Teller Machines
Automatic Teller Machines (ATMs) are available on the
first floors of the Anschutz Outpatient Pavilion and
Anschutz Inpatient Pavilion.

Cashier (OP1020)
If you would like to make a payment on either your
University of Colorado Hospital bill or your University
Physicians, Inc. bill while you are at the Anschutz Cen-
ters for Advanced Medicine, you are welcome to do so in
the Cashier’s Office located on the first floor of the
Anschutz Outpatient Pavilion.

Conference Rooms
Conference rooms for health care-related meetings are
located on the second floor of the Anschutz Outpatient
Pavilion. These rooms are accessible to individuals with
disabilities.

Courtyard Café
Hot meals, beverages, sandwiches and a salad bar are
available in the Courtyard Café on the first floor of the
Anschutz Outpatient Pavilion.

Lobby Latte
Located on the first floor of the Anschutz Outpatient
Pavilion, the Lobby Latte serves hot drinks and fresh
pastries. Monday – Friday, 6:30 a.m. – 4 p.m.

Employment
Interested in working in a world-class medical facility? See University of Colorado Hospital’s job openings on
our Web site at www.uch.edu/employment or visit the
Human Resource Department located at 11th Avenue
and Ash St. in Denver. The address is 4210 11th Avenue
#100, Denver, CO 80262. Please call 303-372-5333 for
more information or fax your resume to 303-372-5344.
University of Colorado Hospital is dedicated to the value
of diversity and is an Equal Opportunity Employer.

Financial Counseling (OP1020)
Financial Counseling is located on the first floor of the
Anschutz Outpatient Pavilion.

Gift Shop
A gift shop selling assorted sundries, flowers and small
gifts is located on the first floor of the Anschutz Outpatient Pavilion. The shop is operated by hospital
volunteers with all proceeds benefiting charitable
programs within the hospital.
Monday – Friday, 9 a.m. – 3:55 p.m.

Patient Resource Center
Located directly off the main lobby of the Anschutz
Centers for Advanced Medicine, this staffed, full-service
library offers up-to-date health information through
books, magazines, medical journals and computers that
can access the Internet.
Monday – Friday, 8 a.m. to 4 p.m., depending on staff
availability (holidays excluded).

Pharmacy (OP1011)
For the convenience of our patients, a pharmacy is
located on the first floor of the Anschutz Outpatient
Pavilion. Prescriptions from your University of
Colorado Hospital provider can be filled here.
Monday – Friday, 9 a.m. – 6 p.m.

Telephones and Vending Machines
Pay telephones and vending machines are located on
each floor near the patient restrooms.

Restrooms
Restrooms are located on each floor next to the elevator
banks. All are accessible to people with disabilities.

Transport
Our main entrance greeters can provide you with a
wheelchair escort. Check in with the reception desk
upon arrival at the Anschutz Centers for Advanced
Medicine.

Helpful Phone Numbers
- Admissions: 720-848-4251
- Billing Questions (hospital): 800-275-7014
- Billing Questions (physician): 303-493-7000
- Blood Donor Center 720-848-1230
- Food Service: 720-848-4052
- Gift Shop: 720-848-1399
- Information Desk/Guest Services: 720-848-4011
  (7 a.m. – 8 p.m. Mon–Fri & 9 a.m.–8 p.m. Sat & Sun)
- Operator: 0
- Patient Information: 720-848-4041
  (after 8 p.m. 720-848-0000)
- Patient Representation: 720-848-4222
- Pharmacy: 720-848-4083
- Social Services: 720-848-4216
- Spiritual Care Services: 720-848-4063
- University of Colorado Hospital
  Foundation 303-724-5309
- Volunteer Office: 720-848-1886

Last updated: 12/29/2011
University of Colorado Hospital

PRE-PROCEDURE and ADMISSION SCREENINGS

PATIENT INFORMATION

Home phone ___________________ Work phone ___________________ Local/cell phone ___________________
Would it be best to call you at □ home □ work □ Can we leave a message? □ Yes □ No
Home Address ___________________ City __________ State _______ E-mail ___________________
Primary care physician ___________________ Phone ___________________ Fax ___________________
Emergency contact ___________________ Phone ___________________ Relation ___________________

ADMISSION SCREENINGS

ALLERGIES Reaction Reaction Other Allergies Reaction
□ No known □ Fish/shellfish ____________________________________________
□ Penicillin □ Avocado ____________________________________________
□ Sulfur □ Chestnuts ____________________________________________
□ Contrast dye □ Banana __________________________________________
□ Latex □ Kiwi ___________________________________________________

Pain
Using the pain scale below, how bad is your pain today?
0 1 2 3 4 5 6 7 8 9 10
No Mild Mod Severe Very Worst
Pain Pain Pain Pain Severe Pain

Nutrition Screening
□ Unable to eat □ Pregnant □ Breast-feeding
□ > 5 lb wt loss last 3 months
□ Trouble swallowing or chewing problems
□ Special diet______________________________
□ No items apply

Psycho/Social
Are you presently seeing a mental health worker for counseling? □ No □ Yes

Communication/Learning
Check all that apply
□ Hearing impaired
□ Wears hearing aid
□ Visually impaired
□ Wear glasses/contacts
□ Speak English
□ Understand English
□ Read English
□ Speak Spanish
Other language ___________________
Learns best by □ Seeing □ Hearing □ Doing

Functional Screening
I have problems
□ Walking
□ Transferring in/out of bed/toilet
□ Bathing/dressing
□ toileting
□ Taking medications
□ Communicating wants/needs
□ Understanding/memory
□ Swallowing
□ Falling
□ No items apply

Do you have any body piercing? □ No □ Yes If so, where ___________________

Have you ever been told you have an infection that is resistant to antibiotics? □ No □ Yes
If yes, □ MRSA □ VRE □ other ________ □ Don’t know
If patient answers yes, send notification to UCH Infection Control Team

Do you smoke? □ No □ Yes Ever smoked? □ No □ Yes
If so, ________ packs / per day / for __________ yrs
Quit in the last 12 months □ No □ Yes
Are you interested in information to help you quit smoking? □ No □ Yes

Do you drink alcohol? □ No □ Yes
how much__________ how long__________

Are you currently using recreational drugs?
□ No □ Yes

Have you ever been abused physically, verbally or sexually harmed or felt threatened by someone at home/work?
□ No □ Yes You will be given a brochure if YES is checked

Spiritual
Is there anything we need to know about your values / beliefs in order to provide good care for you?
□ No □ Prayer □ Sacraments □ Religious reading
□ To see my own faith representative □ Dietary needs
□ Blood/drug restrictions
**PRE-PROCEDURE SCREENING**

<table>
<thead>
<tr>
<th>Have you or anyone in your family had problems with general anesthesia?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ no</td>
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<tr>
<td>□ yes</td>
</tr>
<tr>
<td>If yes, describe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you</th>
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<tbody>
<tr>
<td>□ Under the care of a heart doctor</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Phone #</td>
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</tbody>
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| □ No items apply                                                       |

**List past surgeries**

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
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**Do you have or have you had?**

| □ problems bending your neck                                          |
| □ problems opening your mouth                                         |
| □ head injury / seizure disorder                                      |
| □ stroke / TIA ("mini stroke")                                       |
| □ liver disease / hepatitis                                           |
| □ diabetes                                                             |
| □ kidney disease                                                       |
| □ thyroid disease                                                      |
| □ rheumatoid arthritis                                                |

| □ sleep apnea □ use CPAP                                               |
| □ heart attack                                                        |
| □ heart surgery                                                       |
| □ blood clots                                                         |
| □ pacemaker/internal defibrillator                                    |
| □ abnormal EKG                                                        |
| □ abnormal heart stress test                                          |

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<tr>
<th>When</th>
<th>Where</th>
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| □ abnormal heart ultrasound                                          |
| When | Where |

**Enter date of last vaccination:**

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<thead>
<tr>
<th>Pneumonia</th>
<th>Flu</th>
<th>Tetanus</th>
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**Current Home Medications**

(Include prescriptions, herbas, over-the-counter drugs, inhalers, patches, pumps, etc.)

<table>
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<tr>
<th>Medication Name</th>
<th>Dose (Strength or concentration)</th>
<th>Route (By Mouth, Injection, etc.)</th>
<th>Frequency</th>
<th>Indication</th>
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**PATIENT SIGNATURE**

The above information has been reviewed and verified with the patient.

**RN SIGNATURE**