

**PRE-ADMISSION HEALTH QUESTIONNAIRE**

Please fill out and hand to the receptionist when completed. The information on this sheet will be discussed with the nurse upon admission.

**PATIENT ACCOMPANIMENT UPON DISCHARGE ADVISEMENT**

For patient safety, you are hereby advised that it is the policy of Pain Care Providers Surgery Center ("PCPSC") that all patients who receive medical services, requiring anesthesia, be discharged in the company of an adult friend or family member "responsible adult sponsor".

PCPSC will make every attempt to accommodate your scheduled surgery and if you are not willing or able to provide the name and telephone number of a responsible adult sponsor to accompany you home following surgery, your surgery will be rescheduled to another date.

RESPONSIBLE PARTY DRIVING PATIENT HOME:

CONTACT NUMBER(S):

1. 2.

Waiting in Lobby: ☐ Yes ☐ No

**I HAVE RECEIVED, READ AND UNDERSTAND THIS PATIENT ACCOMPANIMENT UPON DISCHARGE ADVISEMENT**

PATIENT SIGNATURE:

DATE:

TIME:

SIGNATURE OF DULY AUTHORIZED REPRESENTATIVE:

IF SIGNED BY OTHER THAN PATIENT, INDICATE RELATIONSHIP:

**PATIENT SELF ASSESSMENT**

ALLERGIES to Drug / Medications (If Any):

Reaction:

ALLERGIC TO LATEX:

☐ Yes ☐ No

HEIGHT:

WEIGHT(lbs):

Primary Care Physician or Internist:

**LIST MEDICATIONS YOU TAKE CURRENTLY (including aspirin, natural herb supplements, diet pills):**

SEE ATTACHMENT FOR MEDICATION LIST

**LIST PREVIOUS SURGERIES OR PROCEDURES (including childhood):**

**PAST OR PRESENT HEALTH HISTORY (CIRCLE YES OR NO)**

Health Issue	Yes	No	Explain	Health Issue	Yes	No	Explain
Stroke				Headaches			
High Blood Pressure				Thyroid Disorder			
Smoking: Year Quit:				Prosthesis / Pacemaker			
Lung Disease:				Metal Hardware / Implant			
Asthma / COPD							
Sleep Apnea-C-Pap				Past Anesthesia Problems			
Diabetes: Type I or II				Bleeding Disorder			
Heart Disease:				Recent Cold / Flu / Infection			
Arrhythmia				Date:			
Recent Chest Pain/Heart Pain				Glaucoma			
Mitral Valve Prolapse				Arthritis			
Liver Disease				Seizure Disorders			
Hepatitis				Acid Reflux- GERD			
Cancer				Current Pain: Location			
Kidney Disease				Other:			
Immune Deficiency-HIV				Pregnant: LMP-Date:		Yes No N/A	

PATIENT SIGNATURE:

DATE:

If signed by other than patient, indicate relationship

**By signing below you are stating that the above information has not changed since your last visit to PCPSC.**

PATIENT SIGNATURE:

DATE:

If signed by other than patient, indicate relationship

PATIENT SIGNATURE:

DATE:

If signed by other than patient, indicate relationship

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DATE:

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PATIENT LABEL

PAIN CARE PROVIDERS SURGERY CENTER