

**PRE-ADMISSION HEALTH QUESTIONNAIRE AND
PATIENT ACCOMPANIMENT UPON DISCHARGE ADVISEMENT STATEMENT**

PLEASE BE ADVISED: for patient safety, it is the policy of Specialty Surgical Center ("SSC") that all patients who receive medical services requiring anesthesia be discharged to the care of a responsible adult (a friend or family member who is at least 18 years old). If you are unable to provide the name and telephone number of a responsible friend or family member to accompany you home and remain with you following surgery, your surgery will be rescheduled to another date. **Patients cannot use public transportation services without a friend or family member (who is at least 18 years old) to accompany them.**

RESPONSIBLE ADULT (FRIEND/FAMILY MEMBER): CONTACT NUMBER(S):
1. 2.

RELATIONSHIP TO PATIENT: Is your driver waiting in our lobby? Yes No

PATIENT SELF-ASSESSMENT

ALLERGIES to Medication and Reaction. If there are no known allergies please write "NONE" LATEX ALLERGY:
 Yes No

HEIGHT: WEIGHT: Primary Care Physician or Internist:

**LIST ALL PREVIOUS SURGERIES OR PROCEDURES /YEAR
IF YOU NEED MORE SPACE, PLEASE PROVIDE A SEPARATE LIST OF SURGERIES/DATES**

PAST OR PRESENT HEALTH HISTORY (CIRCLE YES OR NO)

Health Issue	Yes	No	Explain	Health Issue	Yes	No	Explain
History of Stroke?				Headaches			
High Blood Pressure				Thyroid Disorder			
Recent Chest/Heart Pain?				Prosthesis / Pacemaker			
Lung Disease: Asthma/COPD				Metal Hardware / Implant			
Sleep Apnea-C-Pap				Past Anesthesia Problems			
Diabetes: Type I or II				Bleeding Disorder			
Heart Disease: Arrhythmia				Recent Cold / Flu / Infection			DATE:
Immune Deficiency-HIV				Glaucoma			
Mitral Valve Prolapse				Arthritis			
Liver Disease				Seizure Disorders			
Hepatitis				Current Pain: Location			
Cancer				Do you drink alcohol?			
Acid Reflux-GERD				Recreational Drug Use			
Kidney Disease				Other:			
Current Smoker?				Pregnant:			
QUIT SMOKING? YEAR:				Last Menstrual Cycle			

PATIENT SIGNATURE: _____ DATE: _____ Relationship (if other than patient) _____

SIGNING BELOW STATES THAT THE ABOVE INFORMATION HAS NOT CHANGED SINCE YOUR LAST VISIT TO SSC.

PATIENT SIGNATURE: _____ DATE: _____ Relationship (if other than patient): _____

PATIENT SIGNATURE: _____ DATE: _____ Relationship (if other than patient): _____



Patient Sticker