



SOMERSET
AMBULATORY SURGICAL
CENTER

1 HIGHWAY 206, SOMERVILLE NJ 08876

CALL MADE: _____

PREADMISSION ASSESSMENT

PATIENTS NAME: _____ DOP: _____ SURGEON: _____

PROCEDURE: _____

INTERVIEW SOURCE: PATIENT SPOUSE PARENT OTHER ANESTHESIA TYPE: _____

HOME PHONE: _____ CELL: _____ BUSINESS: _____

AGE _____ HEIGHT: _____ WEIGHT: _____ BMI _____

ALLERGIES/REACTION: SEE MEDICATION/ALLERGY SHEET

PAST SURGICAL HISTORY: _____

FAMILY HISTORY OF ANESTHETIC PROBLEMS: NO YES

PERSONAL HISTORY OF ANESTHETIC PROBLEMS: NO YES

METAL IMPLANTS: GLASSES/CONTACTS PACEMAKER / ICD: HEARING AID

MEDICAL HISTORY

SYSTEM REVIEW (CHECK ALL THAT APPLY)

CARDIAC N/A

- HTN
- ANGINA
- MI
- MURMUR/MVP
- ARRHYTHMIA: _____

NEURO N/A

- STROKE / TIA
- SEIZURES
- MIGRAINE

LIVER DISEASE N/A

- HEPATITIS
- CIRRHOSIS
- OTHER: _____

GASTROINTESTINAL N/A

- ULCERS
- GERD
- HIATAL HERNIA
- DIVERTICULOSIS

RENAL DISEASE N/A

- TYPE _____

PULMONARY N/A

- ASTHMA
- COPD
- SLEEP APNEA
- C-PAP B-PAP
- DYSPNEA
- OTHER: _____

ENDOCRINE N/A

- DIABETES
- TYPE II TYPE I
- THYROID DISEASE

GYN N/A

- LMP _____
- HYSTERECTOMY
- MENOPAUSE

HEENT N/A

- GLAUCOMA
- HOH
- VISUAL IMPAIRMENT
- SINUSITIS

OTHERS N/A

- BACK PAIN
- NECK PAIN
- ARTHRITIS

RECENT INFECTIOUS DISEASE OR EXPOSURE

MENTAL HEALTH HX N/A

AUTOIMMUNE DISEASE N/A

OTHER

HEMATOLOGY/ONCOLOGY N/A

- BLEEDING DISORDER
- CANCER _____
- ANEMIA
- SICKLE DISEASE/TRAIT

SMOKING HISTORY: NO YES PPD: _____ CIGAR / PIPE # OF YEARS _____

DRUG / ETOH CONSUMPTION: NONE SOCIAL MODERATE HEAVY

IVDA: _____ OTHER: _____

PRIMARY LANGUAGE: ENGLISH OTHER _____ TRANSLATOR NEEDED? NO YES _____

RELIGION: _____ RACE: _____

NUTRITIONAL NEEDS: _____ ENVIRONMENTAL ISSUES: _____

REFERRAL SERVICES: _____ FAMILY / OTHER SUPPORT AVAILABLE: _____

MAY BE VICTIM OF ABUSE / NEGLECT / DOMESTIC VIOLENCE REFER TO NJ DYFS/COMMISSION OF ELDER ABUSE
(SEE POLICY & PROCEDURE MANUAL)

EMERGENCY CONTACT INFORMATION:

NAME: _____ TELEPHONE: _____

PRE-OP INSTRUCTIONS:

BRING ALL INSURANCE CARDS & PHOTO ID / COPY OF ADVANCE DIRECTIVE / LIVING WILL

FASTING RECOMMENDATIONS: NPO AFTER MIDNIGHT NO CHEWING GUM, LIFESAVERS, MINTS AFTER MIDNIGHT

PLEASE LEAVE JEWELRY, VALUABLES, CREDIT CARDS AT HOME.

DO NOT WEAR CONTACT LENSES REMOVE BODY PIERCING: DO NOT WEAR HEAVY MAKEUP

URINE TEST FOR PREGNANCY DOS (EXCLUDING POST HYSTERECTOMY & POST MENOPAUSAL X 1 YEAR)

BRING INHALERS WITH YOU. FILL PREOP PRESCRIPTIONS PRIOR TO SURGERY

WERE YOU GIVEN PRESCRIPTIONS TO HAVE ANY PRE-OP TESTING PERFORMED. IF SO PLEASE HAVE TESTING DONE IMMEDIATELY!!

LABWORK/DATE _____ CXR/DATE _____ EKG/DATE _____

MEDICAL CARDIAC CLEARANCE/DATE _____ MD NAME/PHONE _____

YOU WILL RECEIVE A PHONE CALL THE BUSINESS DAY PRIOR TO YOUR PROCEDURE TO CONFIRM YOUR PROCEDURE/ARRIVAL TIME. IF YOU DO NOT RECEIVE A CALL BY 2PM, YOU MUST CALL US AT 908.393.8360

CAN INFORMATION BE LEFT ON YOUR CELL/ANSWERING MACHINE OR WITH A FAMILY MEMBER? YES NO

TELEPHONE # WE CAN REACH YOU AT THE DAY PRIOR TO PROCEDURE: _____

TRANSPORTATION: ALL PATIENTS HAVING ANESTHESIA(EXCEPT LOCAL) NEED AN ADULT TO ACCOMPANY THEM HOME

RN INTERVIEWER: _____ DATE: _____

NOTES:
