

**Patient Data**

Name:	SSN:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Birth Date:
Address:	City:	State:	Zip:
Home phone:	Work phone:	Mobile phone:	Other phone:
Patient Currently Resides in: Facility Name:		Religion:	Email:
Other:			This is a Pediatric patient <input type="checkbox"/> Y

**Surgical Information**

Procedure Date: Requested Time:	Location:	Surgeon:
Patient Class:	Add on case? <input type="checkbox"/>	Anesthesia: Other:
Procedure:		Laterality:
Pre-op Diagnosis Code:	Procedure CPT Code:	Estimated Time of Procedure:
Pre-op Diagnosis Description:		Was this a trauma case as defined by NHSN or this operation a result of traumatic injury (initial injury or sequelae)? <input type="checkbox"/> Y <input type="checkbox"/> N <i>NHSN definition: Operative procedure performed because of blunt or penetrating injury to the patient.</i>
Patient Status	<input type="checkbox"/> I Normal healthy Patient	<input type="checkbox"/> II Patient with mild systemic disease
	<input type="checkbox"/> III Patient with severe systemic disease	<input type="checkbox"/> IV Patient with severe systemic disease that is constant threat to life
	<input type="checkbox"/> V Moribund patient who is not expected to survive without operation	<input type="checkbox"/> VI Declared brain-dead patient whose organs are being removed for donor purposes

**Has the following clearance been completed?**

<input type="checkbox"/> Cardiac	<input type="checkbox"/> Geriatric	<input type="checkbox"/> Hematology	<input type="checkbox"/> Medical	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Other	<input type="checkbox"/> Pediatric MAP	<input type="checkbox"/> N/A
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**Staff/Equipment/Supplies**

PAT Visit Needed? <input type="checkbox"/> Virtual PAT preferred? <input type="checkbox"/> <input type="checkbox"/> Date:	Preferred spoken language:	Preferred written language:
Interpreter needed? <input type="checkbox"/>	Staff Special Needs:	Anesthesia Equipment:
Table Special Needs:	Assistant Name:	
Vendor Name:	Implants Needed: <input type="checkbox"/>	Vendor Notified: <input type="checkbox"/>
	Radiology Special Needs	Specific Laser Needed
Special Needs:		

**Special Considerations**

<input type="checkbox"/> Patient has a latex allergy	<input type="checkbox"/> Patient has sleep apnea	<input type="checkbox"/> Hx Difficult Intubation (Notify Anes dept)	<input type="checkbox"/> Hx Malignant Hyperthermia (Notify Anes dept)
<input type="checkbox"/> Hx Pseudocholinesterase deficiency	<input type="checkbox"/> IDDM – Needs earlier case time	<input type="checkbox"/> Patient weighs over 159kg (350lb )	<input type="checkbox"/> Special Testing Required
<input type="checkbox"/> Patient has a Pacemaker/Defibrillator	<input type="checkbox"/> Chlorhexidine Allergy		
Post-op Destination	Expected length of stay (in days):	Precautions: <i>Physician/LIP must place isolation order in Epic to place patient on precautions Isolation</i>	

**Preadmission Information**

Primary Care Provider:	PCP Phone:	PCP Group:
Patient Employer:	Patient Employment Status:	Type of Guarantor Account:
Responsible for Guarantor Account	Worker's Compensation Date of Injury:	Guarantor Name (if not patient):
Guarantor Sex (if not patient):	Guarantor Birth Date (if not patient):	Guarantor Address (if not patient):
Guarantor SSN (if not patient):	Guarantor Employer (if not patient):	Guarantor Employment Status:
Primary Coverage (Payor):	Primary Coverage Address:	Primary Coverage Phone:
Coverage Plan:	Primary Coverage Subscriber ID:	Subscriber Name (if not guarantor or patient):
Subscriber SSN (if not guarantor or patient):	Subscriber Sex (if not guarantor or patient):	Member ID (Patient):
Secondary Coverage (Payor):	Secondary Coverage Address:	Secondary Coverage Phone:
Coverage Plan:	Secondary Coverage Subscriber ID:	Subscriber Name (if not guarantor or patient):
Subscriber SSN (if not guarantor/pt):	Subscriber Sex (if not guarantor/pt):	Member ID (Patient):

Print Name

Date \_\_\_\_\_

By signing here, I hereby attest and acknowledge that the use of an electronic signature or manual signature equivalent constitutes the legal equivalent of my manual signature within document. MD Signature