Women and Infants'
SURGICAL PRE-ADMISSION TESTING NEEDS ASSESSMENT

Patient's Name: _____ Date of Birth: ____/____/____

INSTRUCTIONS:

1. ***Schedule patient for surgery with OR Booking Office: 401-459-0187 or ext. 60187 from inside WIH.***
   Surgery Date: _____ Time: _____
2. ***If you answer yes to any of the following questions, schedule patient for Pre-Admission Testing with OR Booking Office.*** **___ Yes: *Date: _____ Time: _____***
   ___ No Pre-Admission Testing required.
3. ***Complete this form and fax to the Pre-Admission Testing Center: 401-276-7899.***
4. ***The Anesthesiologist may request a pre-operative consult with the Department of Medicine at WIH for your patient.***

SURGERY

Surgeon: _____ Diagnosis: _____

Surgical Procedure: _____

Please check mark: _____ Ambulatory Surgery _____ Patient to be admitted after surgical procedure

ANESTHESIA	Yes	No
Patient desires to meet Anesthesiologist	___	___
Previous Anesthesia complications	___	___
(Family) history of malignant hyperthermia	___	___

NEUROLOGIC		
Seizure	___	___
Stroke	___	___
Paralysis	___	___
Parkinson's Disease	___	___

CARDIOVASCULAR		
Chest Pain	___	___
Heart Attack	___	___
Congestive heart failure	___	___
Arrhythmia	___	___
Valvular heart disease (other than mitral valve prolapse)	___	___
Pacemaker	___	___
Implanted defibrillator	___	___
Coronary stent, angioplasty, catheterization, bypass	___	___
Does a Cardiologist care for the patient	___	___

PULMONARY		
Oxygen dependent	___	___
Sleep apnea	___	___
Activities of daily living limited by shortness of breath	___	___
DVT/pulmonary embolus	___	___

GASTROINTESTINAL	Yes	No
Liver disease (ie. cirrhosis, jaundice, etc.)	___	___

RENAL		
Renal insufficiency/failure	___	___
Dialysis	___	___

ENDOCRINE		
Morbid obesity (BMI > 40 or weight >250 lbs)	___	___
Diabetes Mellitus with poor glucose control	___	___
Type 1 Diabetes Mellitus	___	___
Diabetic keto-acidosis	___	___
Insulin pump	___	___
Thyroid mass	___	___
Hyper or hypo-thyroidism with poor control	___	___

MUSCULOSKELETAL		
Disease severely restricting neck movement or mouth opening	___	___

HEMATOLOGY		
Bleeding disorders (ie. Von Willebrand's disease, factor abnormalities, low platelet count, etc.)	___	___

MEDICATIONS		
Warfarin (coumadin)	___	___
Heparin	___	___
Enoxaparin (Lovenox)	___	___
Plavix (Clopidogrel)	___	___
Ticlopidine (Ticlid)	___	___

OTHER _____

Surgeon Signature: _____ Date: ____/_____/_____

Print Name: _____