Polaris Surgery Center
Pre-Operative Phone Call Form

Patient Name Preference:	Date of Surgery/ Arrival Time:

Pre-Op phone call instructions provided on:_____ ❑ Unable to reach patient, 1st attempt Date:_____ Time: _____
❑ Unable to reach patient, 2nd attempt Date:_____ Time: _____

Primary Language: ❑ English ❑ Other: _____ ❑ Interpreter confirmed: Date: _____ Time: _____

Communication Barriers: ❑ blind ❑ deaf ❑ language ❑ HOH ❑ other:_____

Health History/ Assessment

Surgical Site:

History of:			
❑	Seizures	❑	Asthma
❑	Stroke	❑	Emphysema/COPD/Pneumonia/Dyspnea
❑	Heart Attack/Cardiac Issues	❑	TB history or exposure to/ coughing up blood/night sweats
❑	Chest Pain	❑	Recent cough, cold or sore throat
❑	Irregular Heart Beat	❑	Stomach Problems
❑	Heart Murmur	❑	Diabetic (control with diet/meds)
❑	Mitral Valve Prolapse	❑	Liver Problems
❑	Blood Pressure Problems	❑	Kidney Problems
❑	Pacer/ AICD	❑	Joint Problems
❑	Blood Clots	❑	Muscle Problems
❑	Blood Disorders	❑	Out of the country in last 30 days
❑	Sleep Apnea (bring equipment)	❑	HIV/Hepatitis/ infectious disease
		❑	Other:

❑ Smoking: ❑ Yes ❑ No # of years:_____ Packs per Day: _____ Quit smoking date: _____

History of previous surgery: ❑ Yes ❑No Explain: _____

Prior Anesthesia? ❑ Yes ❑ No

Adverse Reaction? ❑ N/A ❑ Yes ❑ No ❑ N/V ❑ Motion Sickness ❑ MH ❑ Difficult to awake

Family History (blood relative) of anesthesia complications? ❑ Yes ❑ No ❑ MH Describe: _____

Pregnant? ❑ Yes ❑ No LMP:_____ ❑ Hysterectomy ❑ Menopause > 1yr

Any cultural or religious practices that may be affected by this surgery/procedure (dietary, religious rituals, etc.)?

❑ Yes ❑ No Describe: _____

Ability to care for self when discharged: ❑ independent ❑ minimal assistance ❑ total care

Any health problem(s) we did not discuss? ❑ Yes ❑ No

Height:_____ Weight: _____ BMI: _____

History of falls in the last 3 months? ❑ Yes ❑ No

PAT: **Already Received** ❑ **Needed:** ❑

Physician/Facility: Gen Med : RMH DMH Grant NASH Date completed:

PCP: Name: Date completed: Phone #:

Patient Label

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Instruct the patient on proper administration of medications pre-operatively:

- ❑ BP: _____
- ❑ Cardiac: _____
- ❑ Diabetic: _____
- ❑ Other: _____

- ❑ Instruct patient to remain NPO after midnight: _____
- ❑ Instruct patient on the need for transportation home and having a responsible adult present for the first 24 hours post-operatively, if going home. ❑ Yes
  Who will accompany pt. to PSC & be responsible for the first 24 hrs?

Inform patient of/ ask patient to bring:

❑ appropriate attire ❑ make-up removal ❑ Insurance card/co-pay ❑ Jewelry removed
❑ Advance Directive Policy ❑ Body Piercings out ❑ Where to park ❑ Assistance devices
❑ Photo ID ❑ Leave valuables at home ❑ Received Pt.'s Rights/Respon.
❑ Remove contact lenses ❑ Remove nail polish (fingers and toes)

Source of data for pre-operative information: ❑ Patient ❑ Family/friend
❑ Other: _____

Pre-Operative information obtained by: _____ RN
Date: _____ Time: _____

Nursing Notes:

DME:	Pt. Already Has	Pt. Needs
Crutches		
Walker		
Roll-About		
Cold Therapy		
Sling		
Other:		

Signature RN _____ Date: _____ Initial: _____
Signature RN _____ Date: _____ Initial: _____

PATIENT LABEL