



Patient Name : _____

Surgeon: _____

Date (dd/mm/yy): _____

HCN: _____

**ADULT PRE-SURGICAL SCREENING ASSESSMENT.
 TO BE USED FOR PATIENTS GREATER THAN 13 YEARS OF AGE.
 TO BE COMPLETED BY PATIENT/ GUARDIAN**

Surname: (Last Name)		First	Name that you go by:
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Age:	Date of Birth (dd/mm/yy)	Health Card Number
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Contact phone number: Home:	Work:
Cell:	

	Yes	No	Comment
HEART, CIRCULATION:			
Do you have chest pain or angina?			How often?
Have you ever had a heart attack?			Date:
Have you ever had a stroke/TIA? (mini stroke)			Date:
Do you have fainting spells or blackouts?			
Are you being treated for high blood pressure?			
Do you have irregular pulse/palpitations/atrial fibrillation? If yes, circle.			
Do you have a heart murmur/rheumatic fever/pacemaker? If yes, circle.			
Do you need to take antibiotics prior to seeing your dentist?			
Are you currently taking Aspirin/ Coumadin or Plavix? If yes, circle .			
Do you have any other forms of heart disease?			
RESPIRATORY:			
Do you ever wake up with shortness of breath?			
Do you have a productive cough?			
Do you have asthma/bronchitis/emphysema/COPD? If yes, circle.			
Have you ever had pneumonia/tuberculosis? If yes, circle .			
Do you have sleep apnea?			Is is treated?
RENAL/HEPATIC:			
Do you have any form of kidney disease?			
Are you on dialysis? If yes how often?			
Have you had hepatitis/ jaundice / liver disease? If yes, circle.			When?
ENDOCRINE:			
Are you diabetic: Insulin <input type="checkbox"/> Pills <input type="checkbox"/> Diet <input type="checkbox"/>			
Do you have any thyroid problems?			
Do you have pituitary or adrenal disease?			
Do you have rheumatoid arthritis?			Which joints?



Telephone PSS Appointment

If the Pre Surgical Screening Patient Assessment form is completed with "no" answers to all sections, except the **GENERAL QUESTIONS** then a telephone PSS appointment can be booked.

Other Criteria For An On-Site PSS Clinic Appointment

Patient requires blood screening.

Patient being treated with anticoagulants and having therapeutic/surgical intervention
e.g. cysto fulgurization bladder tumor.

Patient requires complex teaching e.g. total joint surgery, thoracic procedures, etc.

Patient has communication barriers e.g. hearing impaired, language barriers.

Patient has medical concerns e.g. thyroid problems.

Patients that are DSA admits

Patient requires an anaesthesiology consultation
(per guidelines for preoperative evaluation by an anaesthesiologist).

Appointment Times

PSS Clinic appointments will be 30 minutes.

Exceptions

Total joints (hips/knees) will be 45 minutes.

Patients 70 years or older will be 45 minutes.

Telephone appointments will be 15 minutes.