

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: (Las	st Name)	First	ale ang il Via Dataré ang	sloare Dia	Name that you go by:	100.18
Age:	Date of Birth (dd/mm/yy)	Health Card	Number	Reservation of the second s		
Contact phone	e number: Home: Cell:		Work			
	Cell.		Yes	No	Comment	
HEART, CIR			Tes	NO	Comment	
	chest pain or angina?	mente de la compresente de la	RING A HEART	- Const	How often?	Suppose m
	er had a heart attack?	Strading a strategy to she			Date:	-
	er had a stroke/TIA? (mini stroke)	The share on taken we			Date:	
	fainting spells or blackouts?					NA GRAN
	g treated for high blood pressure?			1.3.18	The sector in the sector for being reserved	907 94611
	irregular pulse/palpitations/atrial fibri	llation? If yes, circle.			TRACCO GARGES TRANSPORT	0.00/00
Do you have	a heart murmur/rheumatic fever/pac	emaker? If yes, circle.	1.2.03	20	diffications and a second	
Do you need	to take antibiotics prior to seeing you	ir dentist?	1.00		Frank States	eng mahij
	ently taking Aspirin/ Coumadin or Pla	vix? If yes, circle .				
	any other forms of heart disease?				Contraction of the second second	NA INE I
RESPIRATO				15.094		
	wake up with shortness of breath?				THEN HE REAL OF SHERE AND	in a constant
	a productive cough?				Vision success of method health?	1001-001
	asthma/bronchitis/emphysema/COP			_		101 AGS 11
	er had pneumonia/tuberculosis? If ye	es, circle .		8		a na su
Do you have sleep apnea?		0 31 54		Is is treated?	CSN9200	
RENAL/HEP			10.000		D NA CONTRACT	
	any form of kidney disease?					
	alysis? If yes how often?		and a			at uson)
	hepatitis/ jaundice / liver disease? I	f yes, circle.			When?	
ENDOCRINE						
	etic: Insulin Pills Diet				AND DATED 5 181	S 163 (0.1,
	any thyroid problems?		(2014) (20 <u>6</u> (2		and an sol it represents that the sec	
	pituitary or adrenal disease?					
Do you have rheumatoid arthritis?					Which joints?	

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the Mrs Statut of Science of Science and Science and	Yes	No	Comment
DIGESTIVE	1. 3000		
Do you have heartburn or a hiatus hernia? (Acid Reflux)			in the second se
Do you have difficulty swallowing?			
OTHER:			
Do you have any disease of nerves and muscles?			
Do you have epilepsy or seizures?	21221	C M	LARDE LATERALE AND LAR
Have you been diagnosised or treated for cancer?		19.00	
Have you had? Chemotherapy Radiation Surgery	12. (151)	10	WEITAS VIEDETE KUNCH SER
Have you had an organ/bone marrow/stem cell transplant? If yes circle.			The second s
BLOOD:	de la	1 Section	Discontinent etc.
Do you have abnormal blood conditions?			
Have you had a reaction to a blood transfusion?	-1.54 (1991)		and the second second second second
Have you had a blood transfusion within past 3 months? (if yes, where)			
ANAESTHESIA:			
Had a problem with local/general/spinal/epidural anesthetic			and some second
If yes, describe:			1500
Has anyone related to you ever had a problem with an anesthetic?			
Do you or any member of your family have a history of			Hanna anna an
malignant hyperthermia?	See Street	- Series	Contract on other states in the state
Do you have a history of psuedocholinesterase difficiency?			
GENERAL QUESTIONS:			a test was a first stand of the second stand
Could you be pregnant at this time?			LMP?
Have you been tested for sickle-cell disease?			
Do you use recreational drugs? Please describe?	S SPACE		a letter englist an estimation of the
Have you ever smoked?	P Sel		How many years?
Tweetown and a star at the things of the	inter stars		How much per day?
Have you quit smoking?	and the P		When did you quit?
Alcohol use: (More than 9 drinks for a female per week			
and more than 14 drinks for a male per week)			there is an an an an an an a
Do you have any loose or chipped teeth?			Minute sets of the set
If yes, location:	and the second		
Do you have caps/bonding/bridges? If yes please circle?			A start many instances had as a second
Dentures Upper Full Partial Partial			Charles and Charles
Lowers: Full Partial			All and a second se
Do you have any prothesis?			Date implanted:
(Heart valves, pacemakers, hip or kneeejoints etc) If yes circle			Challen word new H Challen
Do you wear corrective lens' or contacts?		1.0.3	and the second sec
Do you have difficulty hearing?			
Do you wear a hearing aid?			Disco
Do you have any body piercings? If yes describe location and number.			

List your previous operations/hospitalizations (include approximate dates).

	If the Pre Surgeol Secreting Patient Assessment form is propp
	Patient resulted Managemen
SALTER CONTRACTOR STREAMING &	

Allergies

				-							
Drug/food Allergies	1908		Adverse Reactions/S	ensitiv	vity		Symptoms				
1											
2				g. (h)	0 af	1000	na mencal co	A fee	e la	1	
3											
4					R.	inde	A20 eve tori	E.H.S.	dis'		-
5			18	No	Com	num					-
6		-	consultation	rook	in the	12:363	no ne seniope	1 100	339		-
1. Have you ever been notified of a posit	ive swab	result o	or exposure to MRSA, VRE or	ESBL?	avite.	Test!	and tol renifed	Yes		No	1
2. Have you spent more than 12 hours as						are in	the past 2 years?	Yes		No	

3. In the last 12 months have you been admitted to a hospital outside of Canada? For PSSC staff:

A "Yes" or "Unknown" response to any question is an indication to swab. Yes to #1 or #3 is an indication for isolation (only exception is ESBL exposure).

Medications Taken At Home: This should include any herbal medications

Drug	Amount	Frequency
	with both 5 minutes white and the	ente oninio ese encinade l
Service any other to the office of the		
Carlo Comp		
Contraction and a state of the		
	C2 Ties one	
New york has many state to be the	es deba	
the been sheet sphere?		
Second and the states of second		

Date:(dd/mm/yy)

Signature:

Patient to complete the Pre-Surgical Screening Patient Assessment Form and return completed form to the surgeon's office assistant

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Yes D No D

Telephone PSS Appointment

If the Pre Surgical Screening Patient Assessment form is completed with "no" answers to all sections, except the **<u>GENERAL QUESTIONS</u>** 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.

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