OMAHA SURGICAL CENTER
Experience. Care.

# OSC Pre-Admission Physical Status Evaluation

## PERSONAL INFORMATION

Patient Name: Age: Date of Birth: Sex (M/F):

Parent/Legal Guardian Name (for patients under age 19):

Height: Weight: Cell Phone: Home Phone: Work Phone:

Email Address:

Primary Language: Do you need an Interpreter? (Y/N): Yes No

Do you have an Advanced Directive (Living Will)? Yes No Do you have a medical power of attorney? Yes No

If 'Yes' for medical power of attorney, enter name & relationship:

If 'No', would you like more information regarding Advanced Health Care Directives: Yes No

Family Doctor: Phone: Date of preoperative history & physical?

Do you have any medication allergies?: Yes No If yes, please list the allergies and reactions:

Check if allergic or react to: Latex Contrast Dye Betadine Adhesive Tape/Band Aids Dairy/Eggs

Other:

List previous surgeries/ procedures that required anesthesia:

Have you had any problems with anesthesia? Yes No Explain:

## Medical History

***Please mark if you currently have or have had a history of any of the following:***

Chest pain, heart attack or other heart problems    Heart irregularities or palpitations    Congestive Heart Failure

Heart Murmur    High blood pressure    Stroke/TIA    Blood Clots

Heart bypass surgery    Pacemaker    Angioplasty/heart catheterization

Heart valve surgery    Defibrillator    Anemia    Bleeding/Clotting Disorder

Transfusions    Do you take blood thinners?    Yes    No

Aspirin (ASA)    Coumadin/Warfarin    Plavix    Asthma

COPD    Other:

Bronchitis    Pneumonia    Sleep Apnea    Home oxygen

Nebulizers/Inhalers    CPAP/BIPAP    Chronic cough

Do you smoke?    Yes    No    If Yes, how much daily?

Heartburn/Reflux/GERD    Hiatal hemia    Stomach Ulcers

Problems swallowing    Difficulty opening mouth or moving neck    Dentures/Partials

Loose or chipped teeth    Liver Problems    Dialysis

Hepatitis/Cirrhosls    Kidney problems    Diabetes

Urinary/Bladder/Prostate Problems    Thyroid problems    Insulin

Tremors    Parkinson's    Cold, fever, or sore throat in the last 2 weeks

Seizures    Date of last Seizure:

Intellectual disability    Autism    ADHD    Prosthesis

Anxiety/Depression    Mental Disorder    Walker/Cane

Wheelchair    Hearing Aids    Glasses/contacts

Additional Information:

**Patient Medication List**

Omaha Surgical Center
8051 West Center Road
Omaha, NE 68124
Phone: (402)391-3333
Fax: (402)391-8593

**Patient Medication List**

*Please include insulin, oxygen, inhalers and any over-the-counter medications including aspirin, vitamins, herbs and minerals.*

Patient Name: Allergies:

Pharmacy: Date: Phone:

| N/C | Medication | Dose | Freq. | Route | Purpose | Special Instructions | BR | Lunch | Dinner | Bed |
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