Saskatchewan
Health Authority

Pre Admission Clinic / Same Day Admission / Outpatient Surgery

☐ **Pasqua** ☐ **RGH**

NAME (LAST) (FIRST) FACILITY INITIAL

PRIMARY ADDRESS UID & MRN

CITY PROVINCE POSTAL CODE

ATTENDING PHYSICIAN BIRTHDATE (M/D/Y) AGE ☐ M ☐ F SEX

ADMISSION DATE PRIMARY PHONE #

HOSPITAL SERVICES NUMBER (HSN) FAMILY PHYSICIAN

NEXT OF KIN RELATIONSHIP PHONE #

VISIT NUMBER (ACCOUNT #) CLINICAL ALERTS

Operation Planned _____

Diagnosis _____

Surgeon Name _____ Date Data Base Completed _____

Please check Yes or No and answer where appropriate

1. Are you currently (or in the last week) taking any medications? If yes, please specify: ☐ Yes ☐ No

Drug	Dose	Why	Duration

2. Do you have any blood pressure problems? ☐ Yes ☐ No
3. Do you have any history of heart problems? If yes, please specify: ☐ Yes ☐ No
   - ☐ Angina ☐ Rheumatic Fever
   - ☐ Previous Heart Attack ☐ Heart Murmur ☐ Other _____
4. Do you have any problems with your breathing or lungs? ☐ Yes ☐ No
   If yes, does it limit your everyday activities? ☐ Yes ☐ No
5. Do you have any problems with your kidneys? If yes, please specify: ☐ Yes ☐ No

_____

_____

6. Do you have any other medical problems not mentioned above? If yes, please specify: ☐ Yes ☐ No
   - ☐ Heart Burn ☐ Hiatus Hernia ☐ Abnormal Bruising
   - ☐ Stomach Ulcer ☐ Bleeding Problems ☐ Other _____

_____

7. Do you have any drug or other allergies? If yes, please specify (including type of reaction): ☐ Yes ☐ No

_____

_____

8. Have you ever had a general anesthetic before? ☐ Yes ☐ No
9. Have you, or any of your relatives, ever had a problem with an anesthetic? ☐ Yes ☐ No
   If yes, please specify _____

_____

_____

10. Do you smoke? If yes, please specify (amount per day): _____ ☐ Yes ☐ No
11. Do you use alcohol or other drugs? If yes, please specify: _____ ☐ Yes ☐ No