



PRE- ADMISSION WORK SHEET

FAX #623-979-1707

SURGEON:

LAST NAME	FIRST NAME	MI	MALE FEMALE	AGE	DOB	SS#
-----------	------------	----	----------------	-----	-----	-----

ADDRESS	CITY	STATE	ZIP	HOME PHONE / WORK PHONE
---------	------	-------	-----	-------------------------

() INSURANCE () SELF PAY *****PLEASE PROVIDE INS CARD OR QUOTED FEE_____

PRIMARY CARRIER	PHONE # / CONTACT
-----------------	-------------------

NAME OF PRIMARY GUARANTOR	RELATIONSHIP TO PATIENT	POLICY/ ID/CLAIM #	GROUP #
---------------------------	-------------------------	--------------------	---------

SECONDARY CARRIER	PHONE # / CONTACT
-------------------	-------------------

NAME OF SECONDARY GUARANTOR	RELATIONSHIP TO PATIENT	POLICY/ ID/ CLAIM #	GROUP #
-----------------------------	-------------------------	---------------------	---------

INDUSTRIAL INJURY () YES () NO	AUTO ACCIDENT () YES () NO
DATE OF INJURY _____ EMPLOYER _____	AUTHORIZATION # _____

SURGERY DATE	SURGERY TIME (PLEASE INSTRUCT PATIENT TO ARRIVE 1 HR PRIOR)	TIME NEEDED
--------------	---	-------------

PROCEDURE (S) (INCLUDE CPT CODE)	PRE-OP DIAGNOSIS (INCLUDE ICD-9 CODE)
----------------------------------	---------------------------------------

ANESTHESIA: () HOUSE (CENTER TO PROVIDE) () SURGEON TO PROVIDE _____

ANESTHESIOLOGIST TO PROVIDE: () GENERAL () LOCAL () REGIONAL/BLOCK () MAC/STAND BY () PT CHOICE

() PT ALLERGIES _____ () PT MEDICATIONS _____

PRE-OPERATIVE PHYSICIANS ORDERS

() ACCUCHECK (GLUCOSE) () HEMOGLOBIN (FINGERSTICK) () URINE HCG (PREGNANCY TEST)

() PATHOLOGY (FROZEN SECTION) () CLEARANCE NEEDED BY _____ OTHER (PLEASE SPECIFY) _____

() PRE-OP MEDS NEEDED _____ EQUIPMENT NEEDED _____

CONSENT TO READ _____

PHYSICIAN SIGNATURE _____ DATE _____ TIME _____

PINNACLE SURGERY CENTER WILL BE CONTACTING THE NUMBER ABOVE TO OBTAIN YOUR HEALTH HISTORY AND PROVIDE INSTRUCTIONS. IF YOU GIVE PERMISSION TO LEAVE A MESSAGE CONTAINING THIS PROTECTED HEALTH INFORMATION ON THE ANSWERING MACHINE OR WITH _____, PLEASE SIGN AND DATE BELOW.

DATE: _____ PATIENT/GUARDIAN SIGNATURE: _____