Patients are to fill out sections I and II. Do not write in any of the shaded areas.

Procedure: _____

Physician: _____

PT arrival time: _____

Scheduled time: _____

Responsible companion: _____

[ ] waiting [ ] to be called at: _____ [ ] will return at: _____

Reason for procedure per PT: _____

Do we have permission to speak to your Responsible Adult Companion regarding your condition? [ ] YES[ ] NO

I. General Medical Information

AGE: _____ HEIGHT: _____ WEIGHT: _____

PRESENT MEDICATIONS AND DOSAGES: _____

ALLERGIES TO MEDICATIONS: _____

LATEX ALLERGIES TO RUBBER GLOVES / BANDAIDS: _____

LIST ANY PREVIOUS SURGERIES: _____

FEMALES ONLY: ARE YOU PREGNANT, PLANNING A PREGNANCY, OR NURSING A CHILD? ☐ YES ☐ NO LAST MENSTRUAL PERIOD: _____

DO YOU SMOKE? ☐ NO ☐ YES ☐ CIGARETTES ☐ PIPE ☐ CIGARS HOW MUCH PER DAY? _____

DO YOU DRINK ALCOHOL? ☐ YES ☐ NO IF YES, CIRCLE ONE: RARELY OCCASIONALLY DAILY

II. Personal Medical History

	YES	NO
HEART DISEASE	[ ]	[ ]
PACEMAKER / DEFIB.	[ ]	[ ]
HEART ATTACK	[ ]	[ ]
CHEST PAIN /	[ ]	[ ]
PRESSURE HIGH BLOOD	[ ]	[ ]
PRESSURE ASTHMA /	[ ]	[ ]
EMPHYSEMA T.B.	[ ]	[ ]
SLEEP APNEA	[ ]	[ ]
KIDNEY DISEASE	[ ]	[ ]
PROSTATE PROBLEMS	[ ]	[ ]
DIABETES	[ ]	[ ]
LIVER DISEASE	[ ]	[ ]
HEPATITIS / HIV	[ ]	[ ]
CANCER	[ ]	[ ]
STROKES / SEIZURES	[ ]	[ ]
EPILEPSY	[ ]	[ ]
BLEEDING DISORDER	[ ]	[ ]
GLAUCOMA	[ ]	[ ]
CATARACTS THYROID	[ ]	[ ]
DISEASE	[ ]	[ ]
PROSTHESIS/IMPLANTS	[ ]	[ ]

NURSING COMMENTS

_____

Nurses Notes: _____

III. Admitting

VITAL SIGNS:

T: _____ P: _____ R: _____ R.A. SAT: _____ % BP: _____

ECG NSR: _____ OTHER: _____

Skin: [ ] Warm [ ] Cool [ ] Dry [ ] Moist

Color: _____

Mental Status:[ ] Alert [ ] Oriented [ ] Confused

Other: _____

Abdomen: [ ] Soft [ ] Firm [ ] Distended [ ] Non-distended

Lungs: [ ] CTA [ ] Other _____

Comfort: Pain: None Location: _____

Severity (scale 1-10): _____

PRE-PROCEDURE CHECKLIST:	YES	NO
Pre-procedure teaching done / Patient verbalizes understanding	[ ]	[ ]
Identaband on and information verified	[ ]	[ ]
Consent signed / No further questions	[ ]	[ ]
Prep Taken: _____	[ ]	[ ]
NPO since: _____	[ ]	[ ]
H&P		
Removal of dentures:		
[ ] upper [ ] full [ ] partial [ ] N/A	[ ]	[ ]
[ ] lower [ ] full [ ] partial [ ] N/A	[ ]	[ ]
Loose Teeth	[ ]	[ ]
Glasses/contact lens [ ] N/A	[ ]	[ ]
Ring/Watch/Necklace Bracelet/Chain/Earring	[ ]	[ ]
Hearing Aid [ ]Right [ ]Left [ ] N/A	[ ]	[ ]

IV / Saline Lock Type: _____ Attempts: _____

Started with: _____ Site: _____ Start Time: _____

_____ RN Signature

_____ Date

Robert Wood Johnson
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