

Patient History

Patient Name: _____ Date: _____

Age: _____ Height: _____ Weight: _____

Marital Status: (Circle One) Single Married Divorced Widowed

Health History: Have you had or do you presently have any of the following:

SYMPTOMS	YES (✓)	NO (✓)	EXPLAIN
Migraines			
Breathing /Lung Problems			
Tuberculosis			
Do you smoke?			If yes, # of packs per day?
Stroke			
Neck/Back Problems			
Heart Trouble / Heart Murmur			
High Blood Pressure			
Rheumatic Fever			
Thyroid Disease			
Diabetes			
Epilepsy/Seizures			
Kidney Disease			
Urinary Trouble			
Liver Disease			
Jaundice			
Hepatitis			
Consume Alcohol			
Cancer			If yes, what type?
Bleeding Problems			
Anemia			
Stomach Ulcer			
Hiatal Hernia/Reflux			
Immunodeficiency Disease			
History of Blood Transfusion			
Do you presently have a cold?			

Current medications, including over-the-counter vitamins, herbal supplements, and dietary aids

1. _____
2. _____
3. _____
4. _____
5. _____

List all known allergies:

1. _____
2. _____
3. _____
4. _____
5. _____

List all previous surgeries/dates/complications:

Additional Comments:

List the name and phone number of person taking you home.

Surgical Center of South Jersey is committed to patient education and pain management. Please take a moment to read your rights and responsibilities related to pain management.

PATIENT RIGHTS

As a patient of this surgery center, you can expect:

- ✓ Your reports of pain will be believed;
- ✓ Information about pain and pain relief measures;
- ✓ A concerned staff committed to pain management and prevention;
- ✓ Health professionals who respond quickly to reports of pain;
- ✓ Effective pain management.

PATIENT RESPONSIBILITIES

As a patient of the surgery center, we expect that you will:

- ✓ Ask your doctor or nurse what to expect regarding pain and pain management;
- ✓ Discuss pain relief options with your providers and nurses;
- ✓ Work with your provider and nurse to develop a pain management plan;
- ✓ Ask for pain relief when pain first begins;
- ✓ Help your provider and nurse assess your pain;
- ✓ Tell your provider or nurse if your pain is not relieved; and
- ✓ Tell your provider or nurse about any worries you have about taking pain medications.

In the event of an emergency, Surgical Center of South Jersey will initiate resuscitative measures. If you have formulated advance directives that request no resuscitation, please ask to speak with the RN.

Patient Signature

Date

Complete health history reviewed by: _____