

Patient name _____

Documents to be handed out to the patient

- Patient received pre-operative Island Hospital instructions
- Patient received pre-operative chlorhexidine shower instructions
- Patient received Finance Policy Review

Fax the following form to the Admitting Office at 360 588-2056

- Surgery Financial Form filled out and faxed with attachments

Fax the following forms to the Surgery Office at 360 299-1382

- Patient completed Anesthesia Questionnaire and Consent form
- Patient completed Outpatient Services Medication List/Assessment
 - This may be substituted with office history form and medication list. Please send as an attachment. The patient will still need to fill out the top portion of the Island Hospital form.
- Pre-Surgical/Pre-Procedure Order form completed
- Special Consent to Treatment filled out with diagnosis and procedure

Fax additional information at least 24 hours prior to surgery (if applicable) to Surgery Office at 360 299-1382

- Physician notes/History and Physical
 - A completed history and physical must be documented no more than thirty (30) days before surgery/procedure AND there must be documentation of an updated examination for any changes in the patient's condition completed 24 hours prior to surgery requiring anesthesia services.
 - The history and physical MUST be on the patient's chart prior to surgery occurring.
- Copy of any medical records that were requested by surgeon (i.e. cardiology, PCP etc.)
- Recent labs/EKG if available
- If patient has a pacemaker has the peri-operative pacemaker/defibrillator form been sent to Cardiology for review? Cardiologist: _____
- Any additional specialty specific information (i.e. discharge information, post-operative instructions, orders)

Thank you.

**Pre-Operative Patient Packet Checklist
Island Hospital**

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