

**GEORGIA LITHOTRIPSY & LASER CENTER, INC.
PATIENT PRE-OP QUESTIONNAIRE**

m Age85
Physician: Dr. Byrne
Diagnosis:hematuria

GENERAL QUESTIONS

1. How much do you weigh? _____
2. How tall are you? _____

COMMUNICABLE DISEASE ASSESMENT:

***The Center is not equipped with an appropriate area in which to isolate a patient with a communicable disease. As such, it is the policy of the Center that patients with known communicable diseases will not undergo procedures at the Center.**

1. Have you ever had a cough >3 weeks? Yes No
2. Procedure will be cancelled for any patient presenting with a cough > 3 weeks accompanied by two of the following: Significant weight loss Fever Hemoptysis Night Sweats

MEDICATION ASSESSMENT

1. Are you allergic to any medications? Yes No ***If YES, please list:***

2. Please list all medications that you are currently taking. Please list by name of medication, the strength/dose of the medication, and how often it is taken:

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>
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3. **NURSE COMPLETES:** Please list any medications that are blood thinners that you have taken today (day of procedure) and the amounts taken: Check here if all meds taken today are listed on H&P&Discharge

Med: _____ Amt. Taken _____ Time: _____ am / pm

Med: _____ Amt. Taken _____ Time: _____ am / pm

Med: _____ Amt. Taken _____ Time: _____ am / pm

LATEX SENSITIVITY SCREENING ****If patient is allergic to Latex, the procedure will be performed in the hospital outpatient department.***

1. Are you allergic to Latex? Yes No
2. Did you ever have Spina Bifida, Self-Catheterization, or Urinary Problems at birth? Yes No
3. Are you allergic to bananas, avocados, tropical fruit or chestnuts? Yes No
4. Have you ever had itching, rash, wheezing or swelling during or after previous surgeries, diagnostic procedures or dental visits? Yes No
5. Have you ever had itching, rash, wheezing, or watery eyes after using household rubber gloves?
 Yes No
6. Have you every had itching, rash, wheezing, difficulty breathing or swelling after inflating a balloon? Yes No
7. If YES was answered to any of the questions above, specify if an allergy was identified, the type of allergy and if you were tested for Latex allergy:

