Patient Name: ______________________

Patient's DOB: ______________________

Date of Service: ______________________

OR Affix Patient Label Here

GRAND VIEW HEALTH
700 Lawn Avenue
Sellersville, PA 18960

PRE-ADMISSION HEALTH SURVEY QUESTIONNAIRE

Dear Patient:

We at Grand View Health welcome the opportunity to participate in your surgical care. While all patients requiring the services of the Department of Anesthesiology will be seen personally prior to surgery, this health survey allows us to better identify those patients who may need specialized instructions. We depend on this survey along with the information provided by your surgeon to provide you with the appropriate care. To help us, please answer the following questions as directed by your surgeon or his/her staff.

Height ____________ **Weight** ____________

		Yes	No
1.	Do you have any allergies to medications? (If yes, please list)	☐	☐

____

____

____

____

		Yes	No
2.	Are you allergic or sensitive to Latex?	☐	☐
3.	Do you have a cough, asthma, or lung disease?	☐	☐
4.	Do you have any bleeding tendencies?	☐	☐
5.	Have you ever had a stroke?	☐	☐
6.	Have you ever had epilepsy or a seizure?	☐	☐
7.	Have you ever had kidney disease?	☐	☐
8.	Have you ever had hepatitis or liver disease?	☐	☐
9.	Have you ever had a thyroid problem?	☐	☐
10.	Have you ever had a blood transfusion?	☐	☐

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GRAND VIEW HEALTH
700 Lawn Avenue
Sellersville, PA 18960

PRE-ADMISSION HEALTH SURVEY QUESTIONNAIRE

SECTION 1

	Question	Yes	No
1.	Do you have chest pain with activity?	☐	☐
2.	Do you have chest pain at rest or while sleeping?	☐	☐
3.	Have you had angina more than once monthly in the past 6 months?	☐	☐
4.	Have your medications for angina been changed in the past 6 months?	☐	☐
5.	Have you ever had a heart attack?	☐	☐
6.	Are you currently taking blood thinners? If yes, which physician orders? ______________________	☐	☐
7.	Has nitroglycerin or any medication been prescribed for you for chest pain or angina?	☐	☐
8.	Have you had a heart attack in the past 6 months?	☐	☐
9.	Have you ever had heart catheterization (dye injected in the blood vessels of your heart to identify blockages) or angioplasty (balloon dilation of those blockages)?	☐	☐
10.	Have you ever had cardiac surgery?	☐	☐
11.	Have you ever been told you have an elevated cholesterol?	☐	☐
12.	Do you take medicine for diabetes or high blood sugar?	☐	☐
13.	Do you take aspirin every day?	☐	☐

SECTION 2

	Question	Yes	No
1.	Do you have shortness of breath with activity?	☐	☐
2.	Do you get short of breath climbing one flight of stairs?	☐	☐
3.	Do you have a history of or currently have high blood pressure?	☐	☐
4.	Do you have a history of a heart murmur?	☐	☐
5.	Did you have any heart problems in your childhood?	☐	☐
6.	Do you have a history of a "weak heart" or congestive heart failure?	☐	☐
7.	Have you ever been told you have fluid in your lungs or ankles?	☐	☐
8.	Do you have a history of an irregular heart beat, mitral valve prolapse, or valvular repair?	☐	☐
9.	Have you ever passed out?	☐	☐
10.	Do you have a pacemaker or AICD? If yes, what type. ______________________	☐	☐
11.	Do you have a history of rheumatic fever?	☐	☐
12.	Do you have a history of peripheral vascular disease or surgery?	☐	☐
13.	Do you have a history of a stroke?	☐	☐
14.	Do you have a history of aortic aneurysm?	☐	☐
15.	Do you have a family history of sudden death?	☐	☐
16.	Do you have a history of cardiomyopathy?	☐	☐
17.	Do you have a history of pulmonary hypertension?	☐	☐
18.	Do you have a history of emboli or recurrent blood clots?	☐	☐

FOR OFFICE USE ONLY

Comments: ____

____

Physician Office Reviewer: ______________________ Date: ______________

GVH GRAND VIEW HEALTH

PRE-ADMISSION HEALTH SURVEY SCORING GUIDELINES

*** * To be completed for all patients prior to scheduling surgery * ***

A. Patients for TIVA anesthesia only who are scheduled for skin lesion excisions, surgery of the extremities (including podiatry), and cataract excision:

1. Does not require clearance.
2. Complete the Pre-Admission Health Survey.
3. Complete booking sheet . Send elective surgery orders, consent for procedure.
4. When paperwork received, patient will be scheduled for procedure.

B. Patients with less than 5 on questionnaire sections 1 & 2:

1. H&P by surgeon or primary care or consult (good for 30 days).
2. Complete booking sheet. Send elective surgery orders, consent for procedure.
3. When paperwork received, patient will be scheduled for procedure.

C. High Risk or patients with greater than 5 on questionnaire sections 1 & 2:

1. Medical/cardiology/pulmonary/hematology clearances required prior to scheduling OR.
2. Complete booking sheet. Send elective surgery orders, consent for procedure.
3. When paperwork received, patient will be scheduled for procedure.

HIGH RISK

AAA	Total Joint
Nephrectomy	Carotid Surgery
Prostatectomy	Fem-Pop Bypass (Major LE revascularization)
Radical Cystectomy	
Thoracotomy	

SECTION 1 - Yes Answer Point Values

Question	Points
1.	3
2.	3
3.	3
4.	2
5.	3
6.	5
7.	1
8.	5
9.	5
10.	3
11.	1/2
12.	3
13.	1

SECTION 2 - Yes Answer Point Values

Question	Points
1.	1
2.	3
3.	1/2
4.	1
5.	1
6.	4
7.	1
8.	1
9.	2
10.	5
11.	1
12.	5
13.	5
14.	5
15.	3
16.	5
17.	5
18.	3