

**PREADMISSION TESTING**

Patient's Name: \_\_\_\_\_

Procedure: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_ P.A.T. Date/Time: \_\_\_\_\_

**TO OUR PATIENT:** Someone from the Pre-Admission Testing Department (PAT) will call you to schedule an appointment for the required pre-surgical testing. Appointments are available Monday through Friday from 7am – 4pm. If you need to contact the PAT Department, the phone number is 908.685.2878.

Please bring this form, insurance cards and driver's license to this appointment and report directly to **Pre-admission Testing**.

\*\*\*\* Minor cases including cataracts, endoscopy, pain, podiatry and cosmetic procedures without expected blood loss **DO NOT** require Pre-admission testing, except patients with ASA physical status 4. **Please see ASA definitions on the reverse side.** \*\*\*\*

All females of child bearing age will receive a urine pregnancy test upon admission.

Medical Conditions							Diagnosis Code
<input type="checkbox"/>	HTN/Cardiovascular Disease	BMP	CBC	EKG			
<input type="checkbox"/>	Diabetes	BMP	A1C	EKG (if age 40 or over)			
<input type="checkbox"/>	Pulmonary Disease (except for asthma) that limits activity			EKG			
<input type="checkbox"/>	Liver Disease	BMP	CBC	LFT's	PT/INR	PTT	
<input type="checkbox"/>	Renal Disorder	BMP	CBC				
<input type="checkbox"/>	Anemia/Bleeding Disorder		CBC		PT/INR	PTT	
<input type="checkbox"/>	Morbid Obesity/Sleep Apnea	BMP	CBC	EKG			

Procedures							
<input type="checkbox"/>	Kidney Stones – Lithotripsy				PT/INR	PTT	
<input type="checkbox"/>	Major Vascular	BMP	CBC	Type & Screen	PT/INR	PTT	
<input type="checkbox"/>	Angiogram	BMP	CBC				
<input type="checkbox"/>	Pregnant: non-obstetric surgery		CBC				
<input type="checkbox"/>	Possible blood loss		CBC	Type & Screen	Including all cell saver requests		
<input type="checkbox"/>	Laparoscopic Cholecystectomy			LFT's			
<input type="checkbox"/>	Tonsils and Adenoids		CBC		PT/INR	PTT	
<input type="checkbox"/>	Joint Replacement	CMP	CBC	EKG	PT	PTT	
		MRSA screen* Type & Screen* HgbA1C (if diabetic)					
		Culture Sensitivity* (if UA is positive; greater than 5 WBCs and/or the presence of leukocytes or nitrates)					

Other tests ordered by surgeon		
<input type="checkbox"/>	U/A with reflex to urine culture	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**Note: All appropriate ICD-10 codes are required or the testing will not be performed.**

**Note: All Pre-admission tests are now valid for 6 months unless there is a significant change in the patient's medical condition.**

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Medical Consult required:** Fax results to Dr. \_\_\_\_\_ @ \_\_\_\_\_

Date Faxed: \_\_\_\_\_ Time: \_\_\_\_\_

\*Results are good for 30 days **only**

**Possible blood loss includes the following procedures:**

Major intra-abdominal surgery (robotic, renal, bowel, spleen, lysis of adhesions, etc.), major vascular, major pelvic (hysterectomy, myomectomy etc.), major neurologic (spine, craniotomy), major orthopedic (total joints, major fractures), thoracic.

**Major vascular cases include:** Aortic cases, lower extremity arterial procedures.

**Definition of ASA class 4:**

Patients with severe systemic disease that is a constant threat to life. Has at least one severe disease that is poorly controlled or at end-stage.

Examples: unstable angina, symptomatic COPD, CHF, MI or CVA within the past six months, hepatorenal failure.

**If there is any question the patient may need medical consult or PAT's please request them.**