

Affix Patient Label Here or
Complete Required Information

Name
Date of Birth
Physician
Alberta Health Care Number
Unit
Contact Number (h) (w)

Surgical Pre-Admission Requisition

<input type="checkbox"/> Outpatient	<input type="checkbox"/> Same Day Admission	Physician Office Chart #
<input type="checkbox"/> Day Surgery	<input type="checkbox"/> Admit _____ days pre-op	

Surgery Date (DD-MM-YYYY)	Decision Date of Surgery (DD-MM-YYYY)	Ready to Treat Date (DD-MM-YYYY)
---------------------------	---------------------------------------	----------------------------------

Are there any dates the patient is unavailable? No Yes, from _____ to _____

SURGICAL INFORMATION (PLEASE PRINT ALL INFORMATION)

Procedure

aCATS	Anticipated Length of Procedure
--------------	--

For **Breast Biopsy** specify location where mammogram or ultrasound performed

Patient Position Lithotomy Supine Prone Other (specify)

Special Requirements

Admitting / Booking Physician Assistant Required No Yes

Surgeon / Dentist Consulting Physician

Anesthetic General Local Local / Sedation Spinal Other (specify)

RELEVANT PATIENT INFORMATION (PLEASE PRINT ALL INFORMATION)

Height **m** Weight **kg** Allergies

Special Needs mental physical specify

Secondary Diagnosis Drug Intolerances

Anesthetic Problems No Yes, specify

Relevant Personal or Family History

History and Physical Dictated Written Date Not Available Not Applicable

PHYSICIAN ORDERS (PLEASE PRINT ALL INFORMATION)

Lab Tests (as per lab requisition)

- no lab work required
- CBC
- INR
- PTT
- Random Glucose
- Total Bilirubin
- Alk Phospha
- GGT
- Electrolytes
- Creatinine
- Routine Urine
- Pregnancy Test
- Culture and Sensitivity, urine
- Group & Screen
- ECG
- Other _____

- Anesthetist consult**
- Diagnostic Imaging**
specify _____
- Respiratory**
 portable bedside spirometry
specify _____
- Physical Therapy**
specify _____
- Occupational Therapy**
specify _____

Medications

Other

Physician Signature _____