

**Womens Health
Gynecological Procedure Room Screening**

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X)			

***If the patient has any of the following conditions listed below, the referral will NOT be accepted.
STOP form completion if you have any of the listed conditions below.***

You may proceed to complete the form if the patient does not have any of the listed conditions.

Cardiovascular

- Coronary Artery disease/History of MI/Pulmonary HTN/CHF
- Valvular disease or valve replacement
- Arrhythmias
- Uncontrolled hypertension
- Angina or prior cardiac surgery

Pulmonary

- COPD, moderate-severe obstructive sleep apnea
- Use of CPAP
- Requires weekly rescue inhalers for control

Gastrointestinal/Renal

- Cirrhosis or hepatic pathology
- Chronic Kidney disease, Renal failure

Airway/Mobility

- Difficult Airway
- History of Anesthetic problems, and/or personal/strong family history of malignant hyperthermia
- Limited mobility or unable to get up and off a bed by themselves.

Hematology

- Known coagulopathy and/or on anticoagulants

Neurologic

- Uncontrolled epilepsy or seizure within 1 year

Patient Information			
Gravida		Para	
Height <i>(cm)</i>	Weight <i>(kg)</i>	BMI	
Allergies			
Current Medications			
IUD Type		<input type="checkbox"/> Prescription Provided <input type="checkbox"/> N/A	
Patient is aware of procedure with sedation and teaching has been provided?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

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Medical History

The below questions will help determine if the referral will be accepted or declined.

BMI

BMI <40 (Note: BMI >35 may require additional consultation and may be declined)

Does the patient have any of the following Metabolic/Endocrine conditions?

Diabetes: Type 1 , Type II

Insulin

On GLP-1

On SGLT2

A1C >8% OR not completed in the last year

Does the patient have the following Rheumatologic/Autoimmune/Neuromuscular conditions?

Major autoimmune or systemic inflammatory disease (e.g., Lupus, MS, ALS, MD, RA, SA)

Does the patient have any of the following Psychiatric conditions?

Highly anxious or uncooperative (developmental delay or major psychiatric illness)

Diagnosed DSM-IV anxiety disorder

Significant alcohol or recreational drug use (use of naltrexone/suboxone)

Does the patient have any of the following Medication Alerts conditions?

GLP-1

SGLT2 inhibitors

Biologics

Systemic steroids

There is no known medical history and answered no to all the above