**VAIL VALLEY SURGERY CENTER VAIL** **ADMISSION HEALTH SURVEY SHORT FORM**

**Dear Patient: This Short Form Health Survey is designed to help us speed you through the admission process. Please circle / answer the following questions: Yes, No, ? = unsure/unknown. Please comment when indicated. It is important to provide accurate and complete information. Thank You.**

Height _____ Weight _____ _____ Comments

| | | |
|---|---|---|
| Have you ever had problems with anesthesia? | ☐Yes ☐No ☐? | _____ |
| Has anyone related to you ever had a problem with anesthesia? | ☐Yes ☐No ☐? | _____ |
| Do you have any lung or respiratory problems? Sleep Apnea? | ☐Yes ☐No ☐? | _____ |
| Have you had a "cold" recently? | ☐Yes ☐No ☐? | _____ |
| Have you had a chest xray in the past 6 months? Or EKG? | ☐Yes ☐No ☐? | _____ |
| Do you have high blood pressure? | ☐Yes ☐No ☐? | _____ |
| Do you have any heart conditions or problems? | ☐Yes ☐No ☐? | _____ |
| Do you get chest pressure or pain with exertion or at rest? | ☐Yes ☐No ☐? | _____ |
| Do you get winded walking up stairs? | ☐Yes ☐No ☐? | _____ |
| Have you noticed an irregular heartbeat? | ☐Yes ☐No ☐? | _____ |
| Do you have diabetes or high blood sugar? | ☐Yes ☐No ☐? | _____ |
| Do you have kidney or bladder problems? Prostate? | ☐Yes ☐No ☐? | _____ |
| Do you have any thyroid problems or take thyroid medications? | ☐Yes ☐No ☐? | _____ |
| Do you have arthritis, joint problems, or connective tissue disease? | ☐Yes ☐No ☐? | _____ |
| Have you ever had liver problems like hepatitis? | ☐Yes ☐No ☐? | _____ |
| Do you have frequent indigestion, hiatal hernia, or ulcers? | ☐Yes ☐No ☐? | _____ |
| Do you have anemia, sickle cell or have you had a blood transfusion? | ☐Yes ☐No ☐? | _____ |
| Do you have bleeding problems or bruise easily? | ☐Yes ☐No ☐? | _____ |
| Do you have back problems or other physical disabilities? | ☐Yes ☐No ☐? | _____ |
| Do you have neurological problems? Seizures? | ☐Yes ☐No ☐? | _____ |
| Could you be pregnant? Note date of last menstrual period if applicable. | ☐Yes ☐No ☐? | _____LMP_____ |
| Do you wear contacts or glasses? | ☐Yes ☐No ☐? | _____ |
| Do you have a hearing aid, or have any surgical implants? | ☐Yes ☐No ☐? | _____ |
| Do you have loose or damaged teeth, caps, or dentures? | ☐Yes ☐No ☐? | _____ |
| Do you ever use tobacco products? | ☐Yes ☐No ☐? | _____ |
| Do you, or have you ever used alcohol? | ☐Yes ☐No ☐? | _____ |
| Do you use any "recreational" drugs? | ☐Yes ☐No ☐? | _____ |
| Are you "at risk" for HIV or any sexually transmitted disease? | ☐Yes ☐No ☐? | _____ |

## ADMISSION HEALTH SURVEY SHORT FORM

**Medications:** List all medications including non-prescriptive and dietary supplements. Example: Herbs, Vitamins, Minerals, etc.

| **Name of drug:** | **Dosage:** | **Frequency:** | **Last taken:** |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Do you have allergies?** ❑ Yes ❑ No List all Drug, Food and Environmental Allergies and type of reactions:
Example: Morphine – Nausea

_____
_____
_____
_____
_____
_____
_____

**Previous Hospitalizations/Surgeries:** List approximate dates and reasons. Note any complications or problems:

_____
_____
_____
_____
_____
_____
_____

**How long at altitude?** _____ **What altitude do you live?** _____

**Advance Directives / Medical Treatment Decision Information:**

❑ **I do not have an Advance Directive, but Advance Directive information has been given to me.**

❑ **I have an Advance Directive and have provided a copy.**

❑ **I have an Advance Directive, but do not have a copy with me. The substance of my current Advance Directive includes:**

- ❑ Do Not Resuscitate
- ❑ Organ Donation
- ❑ Autopsy Requested
- ❑ Feeding Restrictions with exception of (types): _____
- ❑ Medication Restrictions with exception of (types): _____
- ❑ Other wishes/issues in my current Advance Directives includes: _____

_____

❑ **I do not know what my current Advance Directive states.**

_____ _____

**Patient Signature (or Legal Representative)** **Date** **Reviewed by /RN Signature** **Date**