



**SOUTHERN NEW MEXICO  
SURGERY CENTER**

# Health Screening

## Completed by Patient

### Past Surgical Hx

Please include dates next to surgery

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Appendix        | <input type="checkbox"/> Gallbladder  |
| <input type="checkbox"/> Arm R L         | <input type="checkbox"/> Heart        |
| <input type="checkbox"/> Bladder / Cysto | <input type="checkbox"/> Hernia R L   |
| <input type="checkbox"/> Breast R L      | <input type="checkbox"/> Hip R L      |
| <input type="checkbox"/> Bowel           | <input type="checkbox"/> Knee R L     |
| <input type="checkbox"/> C-Section       | <input type="checkbox"/> Lung R L     |
| <input type="checkbox"/> See Womens HX   | <input type="checkbox"/> Prostate     |
| <input type="checkbox"/> D & C           | <input type="checkbox"/> Shoulder R L |
| <input type="checkbox"/> Ear R L         | <input type="checkbox"/> Spinal       |
| <input type="checkbox"/> Eye R L         | <input type="checkbox"/> Tonsils      |
| <input type="checkbox"/> Feet R L        | <input type="checkbox"/> Vascular     |
| <input type="checkbox"/> Other _____     |                                       |
| <input type="checkbox"/> Other _____     |                                       |

### Allergies / Latex

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### Current Medications/Herbals/Vitamins

Med / Herbal / Vitamin	Dose	Frequency

## Completed by Nurse

### Nursing Dx

Knowledge Deficit  
Related to  
Operative Routine

### Outcome

Patient Verbalized  
Understanding of  
Information

### Interventions

#### Explain the following:

- Time and Place to Report to Surgery
- Discuss Surgical Flow Routine
- NPO Status and Surgical Attire
- Pain Management, Pain Scale
- Physical Assessment, IV, VS
- Post-op Expectations / Transportation

### Nurses Documentation

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Nurse Signature: \_\_\_\_\_

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

Above Information Evaluated Prior to Administration of Anesthesia:

Anesthesia: \_\_\_\_\_

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