Patient Information

Date:

Patient Information			
Last Name:	First Name:		M.I.:
Address: *(No P.O. Boxes)*			Apt.#:
City:	State:	Zip:	Sex: ☐ Male ☐ Female
Phone:	Cell:	Email:	
Date of Birth:	Birth Place:	Preferred Language:	
Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Patient Declined		SSN: *(Optional)*	
DL#:	Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced		

Employer Information		
Employer:		
Occupation:	Phone:	Ext.:
Address:		
City:	State:	Zip:
Name of Spouse:		
Spouse's Employer:	Phone:	Ext.:
Address:		
City:	State:	Zip:

Insurance Information			
Primary Insurance Company:			
Name of Insured:		Relationship:	
Policy #:	Group #:	SSN: *(Optional)*	
Secondary Insurance Company:			
Name of Insured:		Relationship:	
Policy #:	Group #:	SSN: *(Optional)*	
Emergency Contact:	Phone:	Relationship:	
Emergency Contact:	Phone:	Relationship:	
Referring/Previous Physician:		Phone:	

I hereby release my medical record or copies of such and request they be transferred to Community Surgery Center of Gledale.

Signature _____ Date _____

I acknowledge that I have received a copy of the notice of privacy practices, polices and procedures.

Signature _____ Date _____

Community Surgery Center of Glendale

Patient Health History

Patient ID:	
Date:	Medical Record #:

Patient Information

Name:		D.O.B.:
Age:	Weight:	Height:
Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced		
Primary Doctor:		Last Visit to Doctor:
Reason:		

Current Medications

List all medicines, inhalers, hormones, or drugs you have taken in the past year.

Personal History

Do you use tobacco?	☐ Yes ☐ No
Do you use alcohol?	☐ Yes ☐ No
Do you use recreational drugs?	☐ Yes ☐ No
If yes to any above, please describe type and amount:	
Have you travelled to another country recenty?	☐ Yes ☐ No
If yes, to where?	
Do you have any children?	☐ Yes ☐ No
If yes, how many natural?_____ C-Section? _____	
Have you had any of the following? ☐ Chest X-Ray ☐ Blood Test ☐ Mammogram ☐ EKG	

Allergies/Reactions

List and describe any allergies or reactions you have had to medications, anesthetics, latex, or tape.

Have you or any blood relative ever had a problem with an anesthetic? Please describe:

Past Surgeries/Procedures

Medical History

Please tell us if you or your family have a history of the following:		If yes, please explain:
Lung Disease	☐ Yes ☐ No	
Cancer	☐ Yes ☐ No	
Blood Pressure Problems	☐ Yes ☐ No	
Heart Problems / Chest Pain	☐ Yes ☐ No	
Hepatitis	☐ Yes ☐ No	
Jaundice	☐ Yes ☐ No	
Bleeding / Bruising Problems	☐ Yes ☐ No	
Pneumonia	☐ Yes ☐ No	
Pneumatic Fever	☐ Yes ☐ No	
Bone / Joint Disease	☐ Yes ☐ No	
Anemia	☐ Yes ☐ No	
Head Injuries	☐ Yes ☐ No	
Diabetes	☐ Yes ☐ No	
Epilepsy / Seizures	☐ Yes ☐ No	
Stroke / Nerve Damage	☐ Yes ☐ No	
Asthma / Breathing Problems	☐ Yes ☐ No	
Loose, False, or Capped Teeth	☐ Yes ☐ No	
Contact Lenses	☐ Yes ☐ No	
FEMALE ONLY: Could you possibly be pregnant?	☐ Yes ☐ No	Date of last period:

Signature of patient or person legally authorized to consent for patient | Printed Name | Date

Community Surgery Center of Glendale

Medication List

Patient Name: _____

Date of Birth: _____ **Date of Service:** _____

List all the medications at the time of admission to surgery center. Dosing information required.

Medication	**Dose** (mg, etc.)	**Route** (by mouth, topical, etc.)	**Frequency** (1x/day, 2x/day, etc.)	**Last Dose** (date/time)

Community Surgery Center of Glendale

Frequently Asked Questions

How long will my surgery take?
This will vary by procedure and patient. For most procedures, you can expect to be at the surgery center for 3 to 4 hours from admission to discharge. Check with your doctor about the specifics of your surgery.

Will I be able to see my doctor before my surgery?
Yes, your surgeon will visit with you before surgery.

Will my family or friend in the waiting room or at home know what's happening to me?
During the registration process, our front desk staff will get your family member or friend's contact information. If the surgery or procedure takes longer than expected, our staff at the center will keep them updated as much as possible regarding any changes. Your family member or friend does not need to wait for you at the center and will be notified by the Post Anesthesia Care Unit (PACU) nurse once you have gotten settled in PACU to provide an update and to arrange for discharge pick up. The nurse will also go over any discharge instructions with both the patient and the loved one at discharge.

Will I be able to speak to the anesthesiologist before my surgery?
Yes. The anesthesiologist will go over your anesthesia plan on the day of your surgery. Together, you will talk about any health issues or prior experiences that could impact the procedure. Our anesthesiologist will listen to your concerns and will answer any and all of your questions. Our goal is to help you feel safe, comfortable, and pain-free before, during, and after surgery.

Why can't I eat or drink after midnight the night before my surgery?
It is very important that you have an empty stomach. Liquids or food in your stomach can cause serious or even fatal respiratory complications when you receive anesthesia. If you have mistakenly consumed any substances after midnight (other than what your doctor has instructed), be sure to tell the nurse who admits you to the center and the anesthesiologist before your surgery.

What medications or vitamins should I take the morning of my surgery?
Your doctor or our center nurse will discuss the specifics of your medications with you and give you instructions about what to take and what not to take. Be sure to drink the least amount of water possible with any medications you are instructed to take.

Why should I remove jewelry?
Jewelry can cause skin irritations when exposed to the electrical equipment in the operating room.

What discharge instructions will I receive?
Discharge instructions are specific to each patient and each case. They will be shared with you in the final stage of recovery.

Why can't I drive myself home after discharge?
The anesthesia and pain medication you receive will impair your driving and decision making abilities for about 24 hours. We require that you have a responsible adult drive you home or accompany you in a rideshare or taxi.

Will I be able to recover at home by myself?
We ask that you have a responsible adult supervise you for the first 24 hours after discharge. This person must be able to help you with your discharge instructions. We will call you the next day to follow up. If you experience any complications or adverse side effects, contact your doctor or call 911.

Why do I need a COVID-19 test?
It is important to not have surgery with a positive COVID-19 test, symptoms of COVID-19 or any other illness. Please call Community Surgery Center of Glendale at (818) 637-7766 to set up your COVID-19 test or ask us any questions you may have about current protocols.

Community Surgery Center of Glendale