



WRHA Surgery Program PREoperative Assessment Checklist

Patient Name: _____

PHIN: _____

Preadmission Package:

Required Patient Documentation for Booking Surgery 14 Days or More Before Surgery Date

(Exception: HSC Adult Surgery Program, 7 Days or More Before Surgery Date)

Physician's Office to Send Complete Package to PAC	PAC Received Complete Package from Physician's Office
<p>PAC Package to Include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Booking Request Form Completed <input type="checkbox"/> WRHA PREoperative History and Physical <input type="checkbox"/> WRHA PREoperative Patient Questionnaire <input type="checkbox"/> WRHA Informed Consent <input type="checkbox"/> Blood Work (as required) <input type="checkbox"/> EKG (as required) <input type="checkbox"/> CXR (as required) <input type="checkbox"/> Preop Orders (physician signature required) <p><i>*Please send checklist with PAC Package</i></p>	<p>PAC Package to Include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Booking Request Form Completed <input type="checkbox"/> WRHA PREoperative History and Physical <input type="checkbox"/> WRHA PREoperative Patient Questionnaire <input type="checkbox"/> WRHA Informed Consent <input type="checkbox"/> Blood Work (as required) <input type="checkbox"/> EKG (as required) <input type="checkbox"/> CXR (as required) <input type="checkbox"/> Preop Orders (as required)
<p>Completed by: _____ <small style="margin-left: 150px;">PRINT NAME AND STATUS</small></p> <p>Physician's Office: _____</p> <p>Date: _____</p>	<p>Completed by: _____ <small style="margin-left: 150px;">PRINT NAME AND STATUS</small></p> <p>Date: _____</p>

Requested Surgery Date: _____

Receiving the complete PAC package allows for the necessary patient assessment in advance of the surgery date to improve patient outcome.

Incomplete packages will be returned to the physician's office for completion.