

**PRE-ADMISSION TESTING FORM**

PATIENT STATUS:  INPATIENT  
 • One of the following **must** be checked.  OUTPATIENT  
 OUTPATIENT with bed

OFFICE USE ONLY		
LOCATION	MAP #	FAX PHONE NUMBER
Pre-Surgery Admitting Dept.	1	1-855-882-6954
Center for Children's Surgery	2	559-2396

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: Day: \_\_\_\_\_ Eve: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Scheduled Admission Date: \_\_\_\_\_

Scheduled Treatment/Surgery Date: \_\_\_\_\_ Report to facility at: \_\_\_\_\_  A.M.  P.M.

Provisional Diagnosis: \_\_\_\_\_

**CONSENT TO READ:** \_\_\_\_\_

**PHYSICIAN'S ORDERS:**

Please check testing desired: a blank = 'Not Ordered'  
**LABORATORY:**

- |   |  |
|---|--|
| <input type="checkbox"/> ESR  | <input type="checkbox"/> No Pre-op Testing |
| <input type="checkbox"/> CBC, no Diff   | <b>Finger Stick</b>                        |
| <input type="checkbox"/> CBC with AutoDiff  | <input type="checkbox"/> Hemoglobin        |
| <input type="checkbox"/> Urinalysis with Culture  | <input type="checkbox"/> Glucose           |
| <input type="checkbox"/> Urinalysis   | <input type="checkbox"/> Chem. Stick UA    |
| <input type="checkbox"/> Prottime   |  |
| <input type="checkbox"/> PTT  |  |
| <input type="checkbox"/> PFA  |  |
| <input type="checkbox"/> Coag Screen (PT, PTT, PFA)   |  |
| <input type="checkbox"/> Comp 12  |  |
| <input type="checkbox"/> Chem 7   |  |
| <input type="checkbox"/> Lab., Other _____  |  |
| <input type="checkbox"/> HCG - quantitative   |  |
| <input type="checkbox"/> HCG - qualitative  |  |
| <input type="checkbox"/> Rh   |  |
| <input type="checkbox"/> Type and Screen  |  |
| <input type="checkbox"/> Crossmatch _____ Units   |  |
| <input type="checkbox"/> Autologous Blood _____ Units   |  |
| <input type="checkbox"/> Directed Donor Blood _____ Units   |  |
| <input type="checkbox"/> ABG <input type="checkbox"/> Room air <input type="checkbox"/> _____ liters O2 |  |
| <input type="checkbox"/> P2 Y12 Plavix  |  |

EKG

**DIAGNOSTIC IMAGING:**

- X-Ray, Chest, indications: \_\_\_\_\_  
 X-Ray, other \_\_\_\_\_  
 NUC MED SLN  RIGHT  LEFT  BILATERAL

**TESTING DONE AT ANOTHER FACILITY:**

Name of facility: \_\_\_\_\_ Date: \_\_\_\_\_  
 Results attached;  Yes  No  Fax to No. \_\_\_\_\_

**ADDITIONAL CONSENTS:**

- Hysterectomy Consent  Sterilization  Blood Transfusion

**DVT PROPHYLAXIS:**

- Knee TEDS  Thigh TEDS

- DVT Calf Wraps  
 DVT Thigh Wraps  
 DVT Foot Wraps

**MISCELLANEOUS ORDERS:**

- Voldyne  
 Start I.V. with \_\_\_\_\_  
 Patient to take own medication prior to surgery  
 \_\_\_\_\_  
 Patient is Rh type: \_\_\_\_\_

**PREP LOCATION:** \_\_\_\_\_

- Clip **SCRUB:**  Betadine  CHG

Additional Orders: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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