

Kerlan-Jobe Surgery Center

Surgery Center Pre-Operative Registration & Checklist

The Purpose of patient registration is

1. To review Demographic information for **accuracy**
2. To **review** the **patient responsibilities** to insure that you and your family are **prepared** and will have the **most pleasant surgical experience** possible
3. To **encourage** you to ask any questions to help you feel **confident** and **comfortable** with your upcoming surgery.

DEMOGRAPHIC INFORMATION

Name _____

Street Address _____

City/ State/Zip Code: _____

Phone number where you can be reached the night before surgery _____

Home phone number if different from above _____

Date of Birth _____ **Date of Injury** _____

Social Security Number _____

Employer Name _____

Work Phone: _____ **Occupation:** _____

PATIENT RESPONSIBILITIES Please check all boxes

- Understand your **surgery** (site, side, and type).
- Understand the type of **anesthesia** you are to have and that you will be receiving a **call** from your anesthesiologist the **night before surgery** (to answer any further questions).
- Understand the **time of your surgery** and the **time you must arrive** (3rd floor)
- Understand that you must have a **responsible adult** (@3rd floor) **ready** to take you home and **able to receive specific instructions regarding your care** (LEGAL REQUIREMENT)
- Understand that you must have a **responsible adult STAY with you the night of surgery** who understands your postoperative care needs (LEGAL REQUIREMENT)
- If you have **prescriptions**, they should be filled prior to your surgery so you will have them available immediately after surgery when you arrive home.
- Understand the importance of **wearing appropriate clothing** for your surgery because of the postoperative dressings, wraps, and slings. (i.e. shorts for lower extremity surgery and loose fitting button down shirt or blouse for upper extremity surgery).
- For your comfort, please bring pillows for your ride home.
- Do not bring any valuables.
- Please bring your Photo ID and insurance cards and any co-payment due the day of surgery**
- Understand the importance of having **ice** available at home for your cold therapy needs.
- Understand you should have **NOTHING TO EAT/DRINK AFTER MIDNIGHT**, including gum or candy, but **take your regular medicine** for high blood pressure, heart problems, lung disease or seizure problems on the **morning of surgery** with a sip of water unless otherwise ordered by your anesthesiologist
If you are taking **diabetic** medication, omit it on the day of surgery unless otherwise ordered by your physician and inform your anesthesiologist.
- I have received and read a copy of the Kerlan-Jobe Surgery Center billing information sheet.

Patient Signature _____ **Date:** _____ **Time:** _____

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