

# SALT LAKE SURGICAL CENTER

## PRE-REGISTRATION FORM

Please bring all completed insurance forms, insurance identification cards, and/or coupons, covering date of service. **Complete this form and mail it in the envelope provided**, with your Medical History Form. We like to give the opportunity to gather this information in advance, to insure prompt, efficient admission.

Surgeon's Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

## PATIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ SS# \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

## INSURANCE INFORMATION

### RESPONSIBLE PARTY (IF NOT PATIENT)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

### Primary Insurance:

Insurance Name: \_\_\_\_\_ Insured Party: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

### IN CASE OF EMERGENCY, PLEASE NOTIFY, (OTHER THAN SPOUSE)

| NAME | ADDRESS | PHONE | RELATIONSHIP |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

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So we can learn more about you, please complete this form and mail it to the center in the envelope provided. Items on this form will be reviewed and discussed with you by telephone proper to your surgery date.

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Surgeon's Name: \_\_\_\_\_ Procedure: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

SALT LAKE SURGICAL CENTER  
 PRE-OPERATIVE MEDICAL HISTORY

| Have you ever had or do you now have:                       | YES   | NO    |
|---|-------|-------|
| 1. Asthma, tuberculosis or other lung problems?             | _____ | _____ |
| 2. Sore throat, cold, or fever within the past 48 hours?    | _____ | _____ |
| 3. High blood pressure?                                     | _____ | _____ |
| 4. Chest pain, irregular heart beat or other heart trouble? | _____ | _____ |
| 5. Convulsions or seizures (epilepsy)?                      | _____ | _____ |
| 6. Numbness, dizziness or other neurological problems?      | _____ | _____ |
| 7. Muscle weakness?   | _____ | _____ |
| 8. Hepatitis or jaundice?                                   | _____ | _____ |
| 9. Kidney trouble or blood in your urine?                   | _____ | _____ |
| 10. Diabetes?   | _____ | _____ |
| 11. Personal or family history of bleeding problems?        | _____ | _____ |
| 12. Problems with anesthesia in the past?                   | _____ | _____ |
| 13. Dentures, caps in front, loose teeth or bridge?         | _____ | _____ |
| 14. A habit of smoking cigarettes?                          | _____ | _____ |
| Amount:_____Duration:_____                                  |       |       |
| 15. Are you or could you be pregnant?                       | _____ | _____ |
| 16. Are you wearing contact lenses?                         | _____ | _____ |

A reason to be hospitalized in the past year? Please explain: \_\_\_\_\_

Do you have any other health problems? \_\_\_\_\_

Have you been on any form of Aspirin or anti-inflammatory medication (Ibuprofen) during the past 2 weeks? YES NO

If so, what and how much? \_\_\_\_\_

Have you been on any blood thinning (anti-coagulation) medication during the past 2 weeks? YES NO

If so, what and how much? \_\_\_\_\_

Please list all medications you take regularly: \_\_\_\_\_

Please list all herbal preparations taken regularly: \_\_\_\_\_

Do not take any herbal preparations containing Ephedra, Ma Huang or Ginseng for 3 days prior to surgery.

Do you have any drug allergies? YES NO

If so, please list: \_\_\_\_\_

Where and when can we reach you to discuss any questions we might have and/or to give you instructions?

Phone number where you can be reached: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Where can you be reached the day AFTER your surgery? \_\_\_\_\_

**PLEASE READ SURGERY CENTER INFORMATION BROCHURE COMPLETELY.**  
 Remember, nothing to eat or drink after midnight the day prior to surgery unless instructed otherwise!  
 If you have any concerns or questions, please call us at (801) 261-3141.