



## **Preparing for Your Surgical Procedure**

## **Welcome to Northern Westchester Hospital**

This booklet provides general information to help you prepare for your upcoming surgery. It explains what you can do to prepare for your procedure before you come to the hospital, how to prepare your home, and what to expect in the hospital. Each patient receives treatment tailored to meet their individual needs, so your instructions may vary depending on your specific procedure. This booklet will provide you with information about:

- Medications and diet
- What to expect the day of surgery
- Post-surgery recovery and discharge

We strongly encourage you to ask questions and to gain an understanding of your procedure. You may find it helpful to write down your questions, appointments, and important contact information in the space provided at the back of this booklet. You may also find it helpful to refer back to this booklet even after your surgical procedure.

We are pleased that you have chosen Northern Westchester Hospital for your surgery. We will do our very best to provide you with an exceptional patient experience during your stay with us.

Warmest Regards,

The Northern Westchester Hospital Care Team

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## **Preparing for Surgery**

One of the most important factors for successful surgery is gaining an understanding of your entire surgical process. We encourage you to ask your doctors and nurses questions about: the surgery; your diet prior to surgery; the process of being admitted to the hospital (if applicable); the type of anesthesia you may need; your medical history; your home medication regimen; insurance coverage; and legal arrangements.

### **Here are some tips that may help you:**

- You may want to visit Northern Westchester Hospital prior to your surgery to familiarize yourself with us. Please call (914) 666-1499 and we'll be happy to arrange a visit.
- Contact your insurance carrier to find out what coverage they provide.
- Ask your insurance carrier if they provide any wellness benefits that may entitle you to discounted nutritional care and other rehabilitation services after discharge.
- Advise your surgeon of any medical conditions you have, and if you are taking any medications at home on a regular basis. Some medications may need to be temporarily stopped in advance. Please mention all herbal supplements and over-the-counter medications, as they may impact your surgery as well.
- Talk to your surgeon about the potential benefits of donating blood in advance for your own surgery. If your surgeon decides that you are a suitable candidate for blood donation, please call the Hudson Valley Blood Bank at (914) 784-4600 for an appointment.
- If your surgeon determines it necessary, you will need to be medically assessed for surgery by your primary care physician or a NWH Hospitalist physician (whichever is more convenient for you), and may need to complete several types of tests, including blood tests, an ECG, a chest x-ray, and/or pulmonary function tests depending on your physician's orders. Please confirm with your surgeon whether this is required. If this

assessment is necessary, please contact your surgeon's or your primary care physician's office to schedule a time that is convenient for you.

- Eat foods rich in iron to help boost your circulatory system and blood counts prior to surgery (green leafy vegetables, lean red meats, etc.).
- If you are overweight, your doctor may recommend a pre-operative weight loss program or you may wish to consult with one of our nutritionists to establish your dietary needs. Please dial 877-677-1077 to learn more.
- If you smoke, ask how we can help you quit. Smoking changes blood flow patterns, delays healing, and slows recovery.
- If you regularly consume alcohol, please discuss this with your surgeon and your medical doctor. They may have specific recommendations for you to follow.
- If you use any controlled substances or narcotic pain medications, please discuss this with your surgeon and your medical doctor. Regular use of narcotics (and other drugs) can impact your surgery and post-operative pain control. Knowing this information in advance will help us provide appropriate pain relief for you.
- Ask your surgeon if he/she recommends any preferred pre-surgical exercises.
- Should you require it, many employers have specific disability paperwork that needs to be filled out. Please contact your employer and allow your surgeon's office adequate time (at least one week) to complete these forms.

## **Questions to Ask Your Surgeon**

## **Potential Medical and Surgical Complications**

While we attempt to fully explain the nature and purpose of surgery, including its benefits, possible alternative methods of treatment, the risks involved, the possibility of complications, the possible consequences of surgery and the possible results of non-surgical treatment, we cannot guarantee or assure that complete restoration of function will be achieved as a result of your specific procedure. Your surgeon is always willing to discuss with you in greater detail the benefits and risks of surgery as it relates to your specific medical history.

### **Questions you may want to ask your surgeon before surgery:**

- What are the major and/or most frequent complications of surgery?
- If I do not have surgery, what is the risk?
- How much pain can I expect and how will it be managed after I go home?
- How long will I be in the hospital?
- How often will you check on me?
- Who can I contact after the surgery if I have questions or problems?
- Do you recommend that I go home or to a rehab facility following surgery?
- Following rehab, where should I go for my ongoing physical therapy?
- How long after surgery will it be before I can become completely active again?
- What specific activities need to be avoided immediately following surgery (for 6 weeks), over the short-term (6 weeks-9 months), and for the remainder of my life?
- How may this surgery improve my quality of life?

## **Medications: IMPORTANT INFORMATION**

For those who take medications at home on a regular basis, please **clarify with your surgeon** or primary physician if you are allowed to take any medications on the day of surgery and, if so, at what time. You may be allowed to take medications on the morning of the surgery with a small sip of water.

**Please do not take any of your own medications in the hospital yourself without staff supervision.** This will help to avoid medication error. Your surgeon (and if applicable, your medical doctor) will decide which medications are needed during your hospital stay. Your nurse will administer them to you as scheduled by your surgeon. Please ask your nurse if you have any questions or concerns regarding your medication regimen.

### **Nausea Medications:**

Some people experience nausea, or even vomiting, after surgery. It is typically caused by anesthesia and usually goes away during the first day. If your nausea is severe, your surgeon can prescribe medication to help you manage this condition.

### **Antibiotics:**

Antibiotics may be prescribed to help prevent surgery-related infection. Your surgeon will determine if you require antibiotics, when you will begin taking them, and for how long.

## **Preventing Surgical Site Infections (SSIs)**

A surgical site infection can occur after surgery in the part of the body where the surgery took place. **Most patients who have surgery do not develop an infection.** Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery;
- Drainage of cloudy fluid from your surgical wound;
- Fever.

***If you experience any of these symptoms, call your surgeon immediately.***

### **What are doctors, nurses, and other healthcare providers doing to prevent SSIs?**

- Providing patients with antibiotics prior to surgery (when deemed appropriate);
- Shaving and cleaning the skin at the site of the surgery;
- Cleaning their hands and arms with an antiseptic agent just before the surgery;
- Wearing sterile, protective clothing during surgery to keep the surgical area clean;
- And, cleaning their hands before and after caring for each patient.

### **What can I do to help prevent SSIs?**

- Be sure to inform your health-care team about any health problems you may have.
- Quit smoking. Ask your health-care team how we can help.
- Do not shave the area where you are having surgery unless asked to do so.
- If you do not see your providers clean their hands, please ask them to do so.
- Visitors must clean their hands before and after visiting you. If you do not see them clean their hands, ask them to do so.
- Ask how to take care of your wound at home before leaving the hospital.
- Always clean your hands before and after caring for your wound.
- Ask who to contact if you have questions or problems after you get home.



## Three Weeks Prior to Surgery

To register for your procedure, approximately 2 to 3 weeks prior to your surgery, you will receive a telephone call from NWH's Registration Department, and the following information will be requested:

- Insurance information; if your insurance company requires that you pay a "co-pay," the hospital requests this amount be paid at the time of registration. If for some reason you are unable to provide co-payment at the time of registration, Northern Westchester Hospital will request this payment be made on the day of your surgery.
- Validation of your address, date of birth, etc.
- Possibly some additional, health-related questions for verification purposes.

## Two Weeks Prior to Surgery

Shortly after you are registered, you will receive a telephone call from one of our Pre-Admission Testing Nurses to help you prepare for surgery. He/she will ask you many questions, so we ask that you review the *Pre-Admission Testing Questionnaire* form which can be found at the end of this packet. Please make every attempt to have the information available ahead of time so you are prepared for this call.

**Please note:** minimally invasive (arthroscopic) and some spinal procedures may be scheduled by you and your surgeon with shorter lead times (i.e., one to two weeks prior to surgery). Therefore, the preceding actions may take place closer to your date of surgery.

## Twenty-Four Hours Prior to Surgery

Please confirm the time of your surgery the day before it is scheduled by calling the Pre-Admission Testing Unit at (914)666-1560 after 2:00 pm. You will need to arrive at NWH about two hours prior to the procedure; there is a lot that needs to be done before you go into the operating room and it takes approximately two hours to complete the preparation.

### What to bring to the hospital on your day of surgery:

- Insurance card, advanced medical directives, a listing of your medication allergies, and your home medication list. Your medication list should include all prescription and non-prescription medications, as well as any vitamins and herbal supplements that you may be taking
- A pair of comfortable, sturdy non-skid slippers and your favorite knee-length robe;
- Your favorite personal care items (denture case, hearing aid, contact lenses, eye glass case, tooth brush)
- Something to read
- A loose-fitting sweat suit
- Personal entertainment, such as an MP3 player, laptop, or personal gaming system; in-hospital WiFi connections are available
- A credit card is required to establish TV and telephone service in your hospital room (please plan to send your card home with a family member/friend)

### Preparing for Your Surgery:

- Take a shower or bath the night before the surgery. This will help reduce the risk of infection. Do not shave the area of the surgery—your care team will do this if needed.
- Do not wear any make-up, lipstick, or nail polish (Vaseline for dry lips is okay).
- **Do not eat or drink anything after midnight the night before surgery. This will help to lessen the risk of choking and nausea from the anesthesia.**
- Please do not bring cash or jewelry to the hospital.
- Do something fun to relax!

# The Day of Your Surgery

## **Parking:**

Arrive at Northern Westchester Hospital according to your scheduled time of arrival. When entering the hospital driveway, bear right and park in the North Building parking lot. The parking lot is gated and you will need to push the button and take a ticket. There is a fee for parking.

## **Registration:**

All surgical patients check-in at the Ambulatory Surgery Center, even if you are staying overnight. Enter the North Building, turn left and proceed down the hallway. Turn right at the first hall you come upon and take elevator #5 or #6 to floor 2R (ASC). When the doors open, you will be in the Ambulatory Surgery Center. Please sign in at the front desk.

## **Procedural Preparation:**

After you register, a nurse will perform an assessment and review your medical history with you to be sure that all necessary paperwork is in your procedure chart. You will be given an identification bracelet with a barcode that enables us to create an electronic record of your stay at the hospital and helps us to ensure that you receive the correct medications at the appropriate times.

You will again be asked by the nurse about your medication allergies and to review your home medication list. **Different people will ask you several times to verify your name and date of birth, any allergies you may have, the procedure you are having and the side you are having it on. While this may seem redundant, it is vitally important. We ask for your patience with these repeat questions.**

In anticipation of your surgery, the nurse will ask you to remove your clothing (including underwear and socks) and to wear a hospital gown. In addition, you should remove any contact lenses, dentures, wigs, hairpins, jewelry, etc. These items should be given to your family members to hold during your surgery.

In addition, the following steps will be taken:

- An intravenous line will be inserted so you can receive intravenous fluids and hydration.
- The anesthesiologist will review with you, in detail, the anesthesia you will be receiving.
- Your surgical site may be shaved and your surgeon may initial the surgical site.
- Your surgeon will visit you in our surgical center and discuss your surgery with you. After this, you will be asked to sign a consent form for the surgery.
- You may also be asked to sign an “Observer Consent”. This form indicates your permission for the operative presence of a clinical representative from one of the various vendors which supply our surgical implants. Their presence is necessary as they support the surgeon in his/her use of their products.

An escort will transport you to the Operating Room on a stretcher. Your anesthesiologist may administer medicine through your IV that will sedate you as you are being transported to the operating room. He or she will let you know if they are going to do this. Once you are there, you will see many people, some of whom you have already met, including nurses, anesthesiology personnel, physician assistants and your surgeon. Nurses will confirm your identity and the surgical procedure. You will then be moved from the stretcher to the OR table, and the nurse or anesthesiologist will place ECG stickers on your chest that will be connected to wires running to a machine that monitors your heart. You will also have a device placed on your finger that monitors your oxygen levels.

**After Surgery:**

After surgery, you will either be transferred back to a patient room in the Ambulatory Surgery Center or into the Post-Anesthesia Care Unit (PACU) or “recovery room” to recover from the anesthesia. Once you are stable and all immediate orders from your surgeon or anesthesiologist are carried out (such as blood work, x-rays, etc.), the PACU nurse will call your family in the waiting room and invite them to visit you. Family members/acquaintances are asked to limit visitors to two at a time. The PACU staff also asks that neither you nor your guests enter the area with cell phones, flowers, food/beverages, or balloons.

In PACU, the nurse will frequently monitor your vital signs (heart rate, blood pressure, temperature and respiratory rate), and check your dressing, as well as the circulation and movement in your toes and legs.

Once you have recovered from the anesthesia, you will be taken to a patient room in the Ambulatory Surgery Center, where your family can visit you. Prior to surgery, please ask family members to stay in the waiting room area until they have spoken with the doctor.

**Visitors:**

Visitors may come with you on the morning of your surgery (try to limit visitors to one or two people). The nurse will direct them to the Surgical Family Waiting Area where they can wait during your surgery. Your surgeon will call there after surgery to talk with them. Your family should take your personal belongings with them to the Surgical Family Waiting Area and then bring them to you in your assigned room.

**Discharge from the Hospital:**

If you are to undergo 'same day surgery', you will require a responsible adult to drive you home. If you are being admitted to the hospital, you may require a responsible adult to drive you home or to a rehabilitation facility upon discharge; if medically appropriate and based on insurance coverage, transportation may be arranged for you.

## Preparing for Your Homecoming

- What are your plans? Do you live alone? Do you have stairs? Is there someone to help you with everyday needs?
- Make food in advance and freeze batches.
- Remove throw rugs or any unsecured electrical wires. You may need an elevated toilet seat, a walker, or crutches. Your insurance may cover these and additional items, and we can help you to get them. You may also want to consider buying a long-handled shoehorn, a long-handled sponge, a grabbing tool or reacher, and a footstool. Please discuss this with your surgeon.
- Setup an area at home where you would have everything you generally use within reach, such as water bottles, remote control, telephone, books, medications, and a whip to boss everybody around!
- Speak with your surgeon about applying for a temporary handicap sticker prior to your surgery. If you qualify, you should obtain an application at your local Town Hall and ask your surgeon to complete the form. Please do not feel badly about parking in those coveted spots, as you will appreciate the convenience after your surgery.

### Items you may need when you arrive home from the hospital:

- Raised toilet seat or 3-in-1 commode
- Hand-held shower head
- A reacher, sock aide, long-handled shoehorn, long-handled sponge, dressing stick, elastic shoelaces
- Shower seat
- Chair cushion
- Walker and/ or cane

## Hand Hygiene

Proper hand hygiene is the #1 way to prevent the spread of infections. The following steps will guide you through proper hand-hygiene techniques.

- Clean your hands very often, especially after touching objects or surfaces in the hospital room, before eating, and after using the restroom. Your healthcare providers should practice hand hygiene every time they enter your room.
- It only takes 15 seconds of using soap and water or an alcohol-based hand rub to kill the germs that cause infections.
- You can take action by practicing hand hygiene regularly and by asking those around you, including your loved ones and your healthcare providers, to practice it as well.

## Northern Westchester Hospital is Smoke-Free

To protect the safety, health, and comfort of all NWH patients, visitors, staff, volunteers, and students, smoking is prohibited on the grounds of the Hospital, including all Hospital buildings, common areas, parking lots, and inside vehicles parked on campus.

To make your stay as comfortable as possible, NWH offers nicotine-replacement therapy including nicotine gum 24 hours a day, seven days a week, to help patients, visitors, and staff control their cravings while on-site at NWH. Additionally, NWH, in conjunction with Mount Kisco Medical Group, offers a free **smoking cessation program** providing educational and emotional support to people of all ages interested in quitting smoking.

**For more information on the program, call (914) 666-1182.**

## **Integrative Medicine at Northern Westchester Hospital**

Northern Westchester Hospital is proud to offer Integrative Medicine Services to our patients. This program is staffed with holistic health nurses who are focused on creating an environment of health and wellness for our patients. Services focus on incorporating healing of the mind, body, and spirit into the daily care of our patients. Integrative medicine services complement conventional western medicine with techniques that support the body's natural ability to heal and include: Clinical Aromatherapy, Energy Healing, Therapeutic Suggestion/Guided Imagery, and gentle touch. Please speak with your nurse or the Clinical Program Coordinator to learn more about these services.

Northern Westchester Hospital has developed complimentary patient and family support services to assist you and your family during your stay. These include:

- **The Ken Hamilton Caregivers' Center:**

An oasis for your family within NWH where family members can meet with a social worker, take time to meditate, and receive support and advice to help them prepare for their role as caregivers.

- **Pet Therapy:**

At times, everyone needs a companion that will simply listen and provide comfort to help ease stress relating to a surgical procedure. To help with this, NWH has established a pet therapy program. Please ask your nurse for additional information.

- **The Art Cart Program:**

Do you want to add a custom-touch to your room during your stay? NWH volunteers can help with this by providing you with a selection of artwork and photography (prints only) to choose from. This is a very popular program, so please ask your nurse for more information.



## **The Role of Hospitalists and Other Physicians**

Prior to surgery, your surgeon may determine it necessary for you to see your primary care physician or NWH Hospitalist for a pre-operative medical evaluation. These evaluations are sometimes necessary to help better coordinate the medical care around the time of your surgery, and often include home medication review and consideration of any additional tests or treatments. Instructions on how to schedule this assessment with a NWH Hospitalist physician are printed in the “Welcome Letter” enclosed in the packet of information you received at the physician’s office. If you have questions, please contact NWH at (914) 666-1480.

The anesthesiologists at NWH review every scheduled surgical case in advance, and will discuss any potential concerns with the surgeons. On the day of surgery, the anesthesiologist will meet with you pre-operatively to review your medical history and explain in detail the anesthesia plans for your surgery and post-operative period.

Depending upon your medical condition, if you require an overnight stay in the hospital, your surgeon may request the assistance of a Hospitalist. The Adult Hospitalists at Northern Westchester Hospital are board-certified Internists whose practices are limited to taking care of hospitalized inpatients. The Hospitalist would be in communication not only with your surgeon but also with your primary care physician, so that all of your medical care is coordinated. In addition to the Hospitalists, your surgeon may deem it necessary to have you seen and cared for by one or more of the other medical specialists during your hospital stay.

## Pre-Admission Testing Questionnaire

Approximately 2 weeks prior to your surgery date you will receive a telephone call from our Pre-Admission Testing department. During this conversation, a Registered Nurse will attempt to collect medically pertinent information that will assist us in delivering comprehensive, high-quality care to you throughout your surgical process. Please be prepared to provide the following information at the time of this telephone call:

### GENERAL

What is the name of your current primary care physician (PCP)? \_\_\_\_\_

What is your planned procedure (for verification purposes)? \_\_\_\_\_

What is your current height and weight? \_\_\_\_\_

### ALLERGIES

Do you have any known allergies?      **YES**      **NO**

*If "YES", please list:*

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- Eggs/ Soybeans?      **YES**      **NO**      Which? \_\_\_\_\_
- Latex (rubber, condoms, balloons)      **YES**      **NO**

Are you allergic to any medications?      **YES**      **NO**

*If "YES", please list:*

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**MEDICATIONS**

Are you taking any medications?            **YES**            **NO**

*If "YES", please provide name, dosage, frequency, and date last taken:*

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Do you take aspirin?                            **YES**            **NO**    Date last taken? \_\_\_\_\_

Do you take any herbal supplements?    **YES**            **NO**

*If "YES", please provide name, dosage, frequency, and date last taken:*

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**TOBACCO / ALCOHOL / ILLICIT and CONTROLLED SUBSTANCES**

Do you use tobacco products?            **YES**            **NO**

*If "YES", please describe the type, how frequently used, and number of years:*

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If you used tobacco products in the past, when did you quit? \_\_\_\_\_

Do you consume alcohol?                    **YES**            **NO**

*If "YES", how many drinks per week? \_\_\_\_\_*

Do you use any illicit substances?      **YES**      **NO**

*If "YES", please provide name, frequency of use, and date last taken:*

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Is there a history of substance abuse?      **YES**      **NO**

*If "YES", please provide name, frequency of use, and date last taken:*

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Do you take medication for pain?      **YES**      **NO**

*If "YES", please provide name, frequency of use, and date last taken:*

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**SURGERIES / ANESTHESIA / HOSPITALIZATIONS**

Please list ALL surgeries you have undergone in the past:

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Have you ever experienced problems associated with anesthesia?

**YES**      **NO**

*If "YES", please describe:*

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Have any of your family members ever experienced problems associated with anesthesia?

**YES**

**NO**

*If "YES", please describe:*

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Please list any previous hospital admissions for illness, other than surgery:

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**OTHER IMPORTANT INFORMATION:**

Do you have any loose or chipped teeth?

**YES**

**NO**

*If "YES", please describe:* \_\_\_\_\_

Do you wear dentures?

**YES**

**NO**

*If "YES", please inform us of type (Upper / Lower / both)*

Do you have caps, crowns, or implants?

**YES**

**NO**

*If "YES", please describe:* \_\_\_\_\_

Do you wear contact lenses?

**YES**

**NO**

<b>DO YOU HAVE, OR HAVE YOU EVER EXPERIENCED, ANY OF THE FOLLOWING CONDITIONS?</b>	<b>YES</b>	<b>NO</b>
<b><i>HEENT</i></b> (Head, Eyes, Ears, Nose, and Throat)		
Motion sickness		
Vertigo or dizziness		
<b><i>CARDIAC</i></b>		
High blood pressure		
High cholesterol		
Chest pain (angina)		
Palpitations		
Heart attack (MI)		
Congestive heart failure		
Heart murmur, or mitral valve prolapse		
Rheumatic fever		
Cardiac catheterization		
Stress test		
Pacemaker		
<b><i>RESPIRATORY</i></b>		
Asthma		
Bronchitis		
Emphysema		
Pneumonia		
COPD`		
Recent test, or treated, for tuberculosis		
Recent sore throat or chest cold		
Sleep apnea		
Shortness of breath when sleeping on 2 or more pillows		
<b>DO YOU HAVE, OR HAVE YOU EVER EXPERIENCED,</b>	<b>YES</b>	<b>NO</b>

<b>ANY OF THE FOLLOWING CONDITIONS?</b>		
<b><i>HEMATOLOGIC</i></b>		
Treated for anemia		
Sickle cell anemia		
Bruise easily		
Have you ever received a blood transfusion?		
<b><i>ENDOCRINE</i></b>		
Thyroid disease		
Diabetes <i>If Yes, for how long?</i>		
<b><i>VASCULAR</i></b>		
Calf cramps during short walks		
Phlebitis/ Embolism		
<b><i>GENITOURINARY</i></b>		
Renal failure		
Kidney stones		
Bladder infection		
Polycystic kidney disease		
Enlarged, or other issues related to the prostate		
<b><i>GASTROINTESTINAL</i></b>		
Ulcer, GERD		
Hiatal hernia		
Liver disease, or hepatitis		
Recent weight gain or loss		
Colitis, or other issues related to the bowel		

<b>DO YOU HAVE, OR HAVE YOU EVER EXPERIENCED, ANY OF THE FOLLOWING CONDITIONS?</b>	<b>YES</b>	<b>NO</b>
<b><i>NEUROLOGIC</i></b>		
Seizures/ epilepsy		
Stroke or temporary blackout		
Headaches (If so, please include type)		
Sensory changes		
<b><i>MUSCULOSKELETAL</i></b>		
Rheumatoid or osteoarthritis		
Arthritis of jaw, neck, or back		
Difficulty opening mouth		
Paralysis		
<b><i>PSYCHIATRIC:</i></b> Psychiatric illness, or anxiety		
<b><i>FEMALES</i></b>		
Could you be pregnant?		
Are you taking birth control pills?		
What was the date of the first day of your last menstrual period?_____	<b>XXX</b>	<b>XXX</b>
<b><i>PEDIATRIC PATIENTS ONLY</i></b>		
Was the child born prematurely?		
Within the past month, has the child had a cold, fever, or sore throat?		



<b>DO YOU HAVE, OR HAVE YOU EVER EXPERIENCED, ANY OF THE FOLLOWING CONDITIONS?</b>	<b>YES</b>	<b>NO</b>
<b>INFECTIOUS DISEASE</b>		
To your knowledge, have you been exposed to, or have you experienced, any recent acute infection of a communicable disease?		
Influenza?		
Tuberculosis?		
MRSA (Methicillin-Resistant Staphylococcus aureus)?		
VRE (Vancomycin-Resistant Enterococci)?		
C. diff (Clostridium difficile)?		

<b>IMMUNIZATIONS:</b>	<b>YES</b>	<b>NO</b>	<b>Date</b>
Have you ever received the following immunizations? If so, when was it last administered?			
Tetanus-diphtheria (Td)			
Pneumococcal			
Meningococcal			
Influenza			
Swine flu			
Measles, mumps, rubella (MMR)			
Varicella			

If you are unsure about whether your medical history includes any of the above conditions, check with your primary care provider BEFORE you receive the Pre-Admission Testing telephone call interview. You may also bring this questionnaire to your primary care practitioner at the time of your pre-operative physical appointment to assist you in obtaining any unknown information.

## **Important Appointments and Contact Information**

## Appointments

<i>Appointment</i>	<i>Date</i>	<i>Time</i>	<i>Comments</i>

## Contacts

<i>Healthcare Provider</i>	<i>Name</i>	<i>Phone Number</i>
Primary Care Doctor		
Surgeon		
Nurse		
Physical Therapist		
Occupational Therapist		

