

## Wesmark Ambulatory Surgery Center Pre-Operative Health History

Complete **ALL** questions and return **AT LEAST ONE WEEK BEFORE** your procedure/surgery date. You can mail the form back, drop it off in our drop box by the front door of **420 W. Wesmark Blvd.** or fax to **803-905-5656**.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ BMI \_\_\_\_\_  
 Best phone number to reach you \_\_\_\_\_  
 Surgery/Procedure \_\_\_\_\_ with Dr. \_\_\_\_\_  
 Date of Surgery/Procedure \_\_\_\_\_ Primary Care Doctor \_\_\_\_\_

- Have you recently tested positive for COVID-19: Yes / No Date tested: \_\_\_\_\_
- In the past 5 days, have you been in close contact with anyone who has tested positive: Yes / No
- Have you had the COVID vaccine: Yes / No

**ALLERGIES:** *(Explain reaction. What happens when you take it?)*

Medications/Food: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Latex / Suture / Betadine / Tape: \_\_\_\_\_

**MEDICATIONS:** List all prescriptions, over the counter medications and patches.

Medication	Dose	Frequency	Comments

**Previous Surgeries or procedures with anesthesia (PLEASE LIST ALL with dates):**

\_\_\_\_\_  
 \_\_\_\_\_

Date of last anesthesia/surgery: \_\_\_\_\_ Where: \_\_\_\_\_

Reactions/Malignant Hyperthermia with anesthesia: \_\_\_\_\_

Family reactions/Malignant Hyperthermia with anesthesia: \_\_\_\_\_

Please answer ALL questions and CIRCLE all that apply:

1. Hospital admissions in the last year: Yes / No Which hospital: \_\_\_\_\_  
Why were you admitted: \_\_\_\_\_

2. Stroke / Ministroke (TIA) / Seizures: Yes / No Date(s): \_\_\_\_\_  
List any deficits from stroke/ministroke (TIA): \_\_\_\_\_  
Last seizure and frequency of seizures: \_\_\_\_\_

3. Blood Pressure / Heart Problems: Yes / No Circle: High Blood Pressure / Low Blood Pressure/ High Cholesterol /  
MI (heart attack) / Chest Pain / Murmur / Arrhythmia / A-Fib / Valve Replacement / Congestive Heart Failure / Stent /  
Mitral Valve Prolapse / Defibrillator / Pacemaker / Bypass Surgery / Aneurysm / Other: \_\_\_\_\_  
Do you have a Cardiologist? Yes / No If yes, Dr: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Have you had an EKG in the past year: Yes / No If yes, where: \_\_\_\_\_ Normal / Abnormal

5. History of blood clots: Yes / No Circle: Legs (DVT) / Lungs (PE) If yes, when: \_\_\_\_\_

6. Do you take any blood thinners: Yes / No

Circle all that apply: Warfarin (Coumadin) / Plavix (Clopidogrel) / Xarelto / Eliquis / Pradaxa / Effient / Brilinta / Aspirin /  
Celebrex / Vitamin E / Goody or BC Powders / Fish Oil / Meloxicam / Naproxen (Aleve) / Ibuprofen (Motrin) / Diclofenac

- Were you instructed to stop taking blood thinners for this procedure: Yes / No
- What were you instructed to stop taking: \_\_\_\_\_
- How many days were you instructed to stop taking it: \_\_\_\_\_

7. History of breathing problems: Yes / No Circle: COPD / Asthma / Sleep Apnea / CPAP / Bronchitis /  
Sarcoidosis / Home Oxygen / Other: \_\_\_\_\_  
Pulmonologist (lung doctor): \_\_\_\_\_ Last steroid use: \_\_\_\_\_  
Last inhaler use: \_\_\_\_\_ Last asthma attack: \_\_\_\_\_

8. Do you currently smoke / vape / use e-cigarettes / use chewing tobacco / dip: Yes / No

If yes, packs per day: \_\_\_\_\_ Years smoked: \_\_\_\_\_

Former Smoker: Yes / No Year quit: \_\_\_\_\_ Packs per day: \_\_\_\_\_ Years smoked: \_\_\_\_\_

**\*\*NO use the morning of your procedure\*\***

Please answer ALL questions and CIRCLE all that apply:

9. Stomach problems: Yes / No Ulcer / Hernia / GERD (reflux) / Difficulty Swallowing

10. Hepatitis / Liver Disease / TB (tuberculosis) / HIV / AIDS: Yes / No

List treatment for anything circled above: \_\_\_\_\_

11. Diabetes / Kidney Disease / Dialysis / Thyroid Disease: Yes / No

Nephrologist (kidney doctor): \_\_\_\_\_ Phone: \_\_\_\_\_

12. Current or history of Cancer? Yes / No

Type: \_\_\_\_\_ Treatment: \_\_\_\_\_

Oncologist: \_\_\_\_\_ Phone: \_\_\_\_\_

13. Contagious/communicable diseases: Yes / No

If yes, explain: \_\_\_\_\_

14. Blood Disorders / Anemia / Sickle Cell: Yes / No

If yes, when/where was your last lab work done: \_\_\_\_\_

15. Glaucoma / Contacts / Glasses: Yes / No

16. Please circle if you have: False teeth / dentures / partials / loose teeth / chipped teeth / broken teeth

17. Alcohol use: Yes / No If yes, how many and how often: \_\_\_\_\_

18. Recreational drug use: Yes / No If yes, list name and frequency \_\_\_\_\_

18. Mental Health conditions: Yes / No Depression / Anxiety / PTSD / Bipolar / Schizophrenia

Other: \_\_\_\_\_

19. Recent illness or medical conditions not mentioned: Yes / No

If yes, explain: \_\_\_\_\_

Please **REVIEW** all instructions below,  
**SIGN** at the bottom of the page verifying understanding of the instructions.

1. Do not eat or drink anything past midnight the night prior to surgery unless you were prescribed bowel prep or instructed to take prescriptions. See #8 for the medications you are allowed to take day of procedure.
2. You will need someone to bring you here and drive you home. Only one adult will be allowed to accompany you.
3. Dress comfortably. Do not wear jewelry, perfume, cologne, lotion or hairspray. Please note that the surgery center can be cool. Please bring a jacket/coat/sweater and dress warm.
4. No nail polish or artificial fingernails.
5. You may shower and use deodorant the morning of your procedure.
6. Bring all of your medications with you, including inhalers. If you use a CPAP, bring it with you.
7. Female patients of child-bearing age will have a urine pregnancy test the morning of procedure.
8. **The following medications must be stopped for ONE WEEK prior to your procedure:**
  - ❖ **Trulicity / Bydureon BCise / Ozempic / Wegovy / Mounjaro**
9. Medications to take on morning of surgery with a sip of water: \_\_\_\_\_

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(Blood Pressure / Cardiac / Thyroid / Reflux / Seizure / Anxiety / Pain / Inhalers (use & bring)

- a. **\*Do NOT take Diabetes medications the morning of your procedure\***
  - b. **\*\*If you take Phentermine, stop it for 5 days prior to your procedure\*\***
  - c. **\*\*\*If you take blood thinners, you may be asked to hold them. Please contact a pre-op nurse at (803)905-5590 EXT 121 if you have not discussed this with your doctor or if you have any questions\*\*\***
10. Bring a case for your glasses to prevent damage. Do not wear contacts the morning of your procedure.
  11. **NO** smoking, vaping, tobacco use or drug use the morning of your procedure.
  12. **NO** gum, mints or candy the morning of your procedure.
  13. Please call ASAP with any changes in medical history or medications, including recent illness. (i.e. Flu/Cold/RSV)
  14. No firearms or concealed weapons are allowed in the facility.
  15. **Colonoscopy Prep: Miralax / Suprep / Prepopik /Clenpiq / Sutab / Other**
    - ❖ Clear liquids ONLY the day prior to procedure **\*\*\*\*NO SOLID FOODS\*\*\*\***
    - ❖ Prep must be completed **3 hours prior to arrival**. Nothing else by mouth except approved medicines.
    - ❖ Stop Iron (ferrous sulfate) for **7 days** prior to your procedure.
    - ❖ Follow a low fiber diet one week prior to procedure – No corn, popcorn, raw fruits, raw vegetables, seeds, nuts or beans.
  16. **For urology patients having a prostate biopsy:** Use Fleets enema **2 hours prior to arrival**. Stop ALL blood thinners for 7 days prior to surgery. Take one antibiotic pill by mouth **2 hours prior to arrival** and bring medicine bottle with you.
  17. **For ENT patients:** Labs must be completed no earlier than 1 week prior to your procedure.
    - ❖ **Labs ordered:** \_\_\_\_\_ **Date Drawn:** \_\_\_\_\_ **Lab:** \_\_\_\_\_

**Patient signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**RN Reviewer:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

## Patient Instructions

### **\*\*PLEASE KEEP THIS PAGE FOR YOUR RECORDS\*\***

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(Blood Pressure / Cardiac / Thyroid / Reflux / Seizure / Anxiety / Pain / Inhalers (use & bring)

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**Our scheduler will call you one business day prior to your procedure to confirm your scheduled arrival time. For any questions or concerns, please call us at (803) 905-5590 ext 136.**