

## Pre-Surgical Information Checklist / Cover Sheet

Patient Name: \_\_\_\_\_

DOB (dd/mm/yyyy): \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Version Code: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Choose Patient Route:

Pre-Admission Clinic

No Pre-Admission Clinic

Surgeon's office to complete and send to Niagara Health by fax or drop off at Pre-Admission Clinic (PAC) at appropriate site:

- 5 business days prior to PAC appointment
- 5 business days prior to surgery, if not PAC appointment

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|---|
| <input type="checkbox"/> Consent to Treatment (CONS1)   |
| <input type="checkbox"/> Blood Consent (CONS3)  |
| <input type="checkbox"/> Anaesthesia Questionnaire (OR2)  |
| <input type="checkbox"/> Pre-Registration Form (ADM11)  |
| <input type="checkbox"/> History and Physical (DR2)   |
| <input type="checkbox"/> Practitioners Orders (ORD1)  |
| <input type="checkbox"/> Patient Education given to patient at office   |
| <ul style="list-style-type: none"><li>• PAC – Your Clinic Appointment</li><li>• No PAC – Your Surgery</li></ul> |

<input type="checkbox"/> GNG Fax: (905) 358-4988
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<input type="checkbox"/> SCS Fax: (905) 323-7564
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<input type="checkbox"/> WHS Fax: (905) 735-8462
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