

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
 SCS Paediatric Patient

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 (CONS3a) [must do] |
| <input type="checkbox"/> Options for Refusal (CONS3b) [optional] |
| <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">• PAC – Your Clinic Appointment• No PAC – Your Surgery |

<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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