Straith HOSPITAL
COMMITTED TO YOU
23901 Lahser Rd. Southfield, MI 48033

Surgical Boarding and Pre-Admission Information

PLEASE FAX COMPLETED BOARDING TO 248-386-7285

	Patient Information		
Name: (Last, First, MI)			
Street Address:			
City, State, Zip:			
Home Phone Number:		Alternate:	
Social Security Number:			
Sex: M / F	Date of Birth:	Marital Status:	
Language:	Race:	Ethnicity:	
This patient requires special, written and/or oral communication.		☐Yes	☐No
If Yes, please explain:			
This patient has mobility issues & will need assistance.		☐Yes	☐No
If Yes, please explain:			

	PRIMARY INSURANCE INFORMATION	SECONDARY INSURANCE INFORMATION
Insurance Company:		
Contract Number:		
Group Number:		
Phone Number:		
Policy Holder Name:		
Relationship to Patient:		
Policy Holder Date of Birth:		
Tertiary Insurer:		
Authorization Number:		
PLEASE FAX COPY OF PATIENT'S ID AND INSURANCE CARDS WITH BOARDING		

	Surgery Information		
Surgeon:			
Surgery Date:		Surgery Length (Hours):	
Surgical Procedure:			
Surgical Site: (Check)	☐ Left (OS)	☐ Right (OD)	☐ Other
Coding (ICD-10, CPT):	Diagnosis:	Procedure:	
In or Outpatient: (Check)	☐Inpatient	☐Outpatient	
Anesthesia Choice:(Check)	☐General	☐Local Stand-by	
	☐Topical	☐Other	
Necessary Equipment:			
Health Concerns:			
Boarded By:		Date:	

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PLEASE HAVE PATIENTS CALL STRAITH HOSPITAL AT 248-357-3360
AFTER 1:00 PM THE DAY PRIOR TO SURGERY FOR ARRIVAL TIME AND INSTRUCTIONS.