

Surgical Boarding and Pre-Admission Information

Patient Information			
Patient's (legal) name <i>Last</i>		<i>First</i>	<i>MI</i>
DOB		Sex	Marital Status
Patient's Address		City	State
Patient's primary phone		Secondary phone	
Patient needs interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Language/Service Requested	
Name of Insurance <i>Primary</i>		<i>Secondary</i>	
Policy/Group Number <i>Primary</i>		<i>Secondary</i>	
Policy Holder Information <i>Name</i>		<i>Relationship to Patient</i>	<i>DOB</i>
<input type="checkbox"/> Self			
Authorization Information <i>Number</i>		<i>Valid Dates</i>	<i>Unit(s)</i>

Surgery Information			
Surgeon/Operating Provider <i>First Assist/Add 'l Surgeon</i>			
Scheduled Date	Requested Start Time	Estimated Duration (in minutes)	Admitting Status <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> 23 Hour Hold <input type="checkbox"/> Other:
Procedure description			Site <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
Anesthesia <input type="checkbox"/> General <input type="checkbox"/> Local Stand-by <input type="checkbox"/> Topical <input type="checkbox"/> Spinal <input type="checkbox"/> Other:	Diagnosis Code(s)		CPT Code(s)
Special Equipment / Instruments			
Vendor Specifics		<i>Company Rep</i>	<i>Contact Number</i>
Mobility / Health Concerns			
Durable Medical Equipment			
Submit Date	Submitted by		Contact phone

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FAX COMPLETED FORM TO: 248-386-7285

PATIENTS ARE TO CONTACT STRAITH HOSPITAL AT 248-357-3360
AFTER 12:00 PM THE DAY PRIOR TO SURGERY FOR ARRIVAL TIME AND INSTRUCTIONS