

# LINCOLN SURGICAL HOSPITAL

PATIENT'S FULL NAME: \_\_\_\_\_ Date of Surgery \_\_\_\_\_  
 \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 (Last) (First)

Procedure Cataract Surgery w/V Sutton Anesthesia MAC GEN Other \_\_\_\_\_  
 Primary Diagnosis H25 Secondary Diagnosis: \_\_\_\_\_

Presenting Complaint/History of Present Illness/CO Morbid Conditions/Significant Past History

Allergies: \_\_\_\_\_  
 No Known Allergies ( )

**Current Medications/Medication Changes**

<p><b>Review of Systems (per examining physician)</b></p> <p>Heart/ C.V. ( ) neg.</p> <p>Lung/Resp. ( ) neg.</p> <p>Abd ( ) neg.</p> <p>GU ( ) neg.</p> <p>Mus/Neuro ( ) neg.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Social History</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td style="width: 20%;">Amt</td> </tr> <tr> <td>Smoke</td> <td>( )</td> <td>( )</td> <td></td> </tr> <tr> <td>ETOH</td> <td>( )</td> <td>( )</td> <td></td> </tr> </table> <p>Family Patient History</p> <p>Anesthesia – Malignant Hyperthermia</p> <p>Bleeding</p>	Social History	Yes	No	Amt	Smoke	( )	( )		ETOH	( )	( )																																							
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<p>( ) Purpose of operation/procedure, possible alternative methods of treatment, risks involved with the procedure, complications of procedure have been discussed with patient and/or family. The need for blood and/or blood products, if needed, has been discussed.</p>																																																			

If there are any questions regarding the history, physical or laboratory requirements, please direct them to the Pre-Admission Nurse at the Lincoln Surgical Hospital; **(402)484-0960**.

**When possible, LSH requests all information be at our facility 36 hours prior to surgery. Please fax to (402)484-9046**

dictation system:

Dial (402) 484-9095 (Lincoln Surgical Hospital Dictation Line). You will hear a series of prompts. Enter your ID number followed by the #key. Enter 1 for the work type followed by the #key. Then enter the patient's 6-digit date of birth. (DO NOT press the #key at this time). Then press 2 to dictate. When your dictation is complete, press 5,

(H&P's need to be done within 30 days of surgery)

If you need assistance regarding dictation, please contact LSH Medical Records at 402-484-0861

**LINCOLN SURGICAL HOSPITAL**

1710 s 70<sup>TH</sup> St, Lincoln, NE 68506 Main phone: (402) 484-9090 fax: (402) 484-9046 www.lincolnsurgery.com