Gramercy Surgery Center

Gramercy Surgery Center PAT Triage Questionnaire

Part 1 - Patient Name:		
Height: _____ Weight: _____ DOB: _____		
Part 2	**Yes**	**No**
1.) Have you been hospitalized for any reason in the past 6 months?	☐	☐
2.) Have you gone to the Emergency Room for any reason in the past three (3) months?	☐	☐
Patients answering "YES" to any question 1-2 (Part 2) require Pre-OP Nursing Call		
Part 3	**Yes**	**No**
Do you have heart problems?	☐	☐
a.) Chest Pain	☐	☐
b.) Heart Attack	☐	☐
c.) Heart Stents	☐	☐
d.) Heart Failure	☐	☐
e.) Valve Problems	☐	☐
f.) Bypass Surgery	☐	☐
g.) Irregular Heartbeat	☐	☐
4.) Have you ever had a stroke?	☐	☐
5.) Do you have Sleep Apnea or Breathing Problems that require home oxygen or steroid pills?	☐	☐
6.) Do you have a pacemaker or defibrillator?	☐	☐
7.) Do you have kidney failure requiring dialysis?	☐	☐
8.) Do you take blood thinners (i.e.- Coumadin, Pradaxa, Plavix, Effient, Aspirin)?	☐	☐
Patients answering "YES" to any questions 3-8 (Part 3) require Pre-OP Nursing Call		
Part 4	**Yes**	**No**
9.) Do you have high blood pressure or are you taking medicine for high blood pressure?	☐	☐
10.) Do you use insulin for diabetes?	☐	☐
11.) Do you find it difficult to climb a full flight of stairs without stopping to rest?	☐	☐
12.) Do you have asthma?	☐	☐
Patients answering "YES" to two or more questions 9-12 (Part 4) require Pre-OP Nursing Call		