

PRE-OPERATIVE PHONE CALL

DATE _____ TIME _____



Health
Nepean Blue Mountains
Local Health District

NO ANSWER _____ ANSWER MACHINE/MESSAGE BANK _____

CONFIRM PROCEDURE _____ YES NO

DATE OF ADMISSION _____ YES NO

LENGTH OF STAY _____ YES NO

TIME OF ADMISSION _____ YES NO
CVXZ

COUGH/COLD/FLU RECENTLY _____ YES NO

LAST SOLIDS @ _____ YES NO

LAST CLEAR FLUIDS @ _____ YES NO

NO SMOKING 24Hrs Prior _____ YES NO

NO CHEWING GUM _____ YES NO

TRANSPORT AND CARE FOR NEXT 24 HOURS _____ YES NO

BLOOD THINNERS CEASED as per RFA/PAC _____ YES NO N/A

OMIT HYPOGLYCEAMICS (TABLET/INSULIN) _____ YES NO N/A

TAKE USUAL MEDICATIONS _____ YES NO

REMOVE ALL MAKEUP, NAIL POLISH, JEWELLERY AND BODY
PIERCINGS, FALSE EYELASHES _____ YES NO

BRING RELEVANT XRAY/SCANS/ECG/BLOODS _____ YES NO N/A

REMINDE TO BRING MIRENA (if applicable) _____ YES NO

COMMENTS _____

NAME _____

SIGNATURE _____