The Medical Center of South Arkansas Pre-admission Assessment

Please fill out the "Admission questionnaire" as thoroughly as possible

Provide this to your admitting nurse.

It is our goal that you are very satisfied in your admission process.

How have you recently heard about the Medical Center of South Arkansas? (check all that apply) :

☐ TV ☐ Newspaper ☐ Dr.'s office ☐_____

☐ Radio ☐ Website ☐ Friend or family recommendation ☐ Senior Circle ☐ Healthy Woman

Who is your Personal physician? _____

Height_____

Weight_____

Drug allergies__to what & type of reaction_____

Food Allergies__to what & type of reaction_____

Latex allergy_____Reaction_____

Allergy to---kiwi___milk__Papaya___eggs_____

Cultural, ethnic or religious requirements we need to be aware of?_____

Previous Hospitalizations? N Y reason: _____

Surgical History: (circle) or list _____

Mastectomy Rt -Lt, **Breast biopsy** Rt -Lt, **Colonoscopy, Bowel Resection**, **Diagnostic Laproscopy**, **Exploratory surgery_ Hernia repair**: if you know, was it one of the following: umbilical___ventral___hiatal____, **Hysterectomy, Tubal, Gallbladder removed**, **Cataract** Rt, Lt**, Adenoidectomy, Tonsillectomy, Bladder repair, C-Section, joint surgery_____, joint Replacement**_____Heart Cath , Heart surgery (bypass)_____

any other surgery_____

Anesthesia Complications_____

Any one in your family (blood relative) problems with anesthesia?_____

Medications: See med list form

Medical History (circle)or list

_____

_____

Lung or breathing Problems: Bronchitis, pneumonia, shortness of breath, frequent infections, Chronic obstructive lung disease, asthma, Hay fever, Chronic cough, Recent cold or Flu.

Other_____

***Heart Problems*:** chest pain, Congestive heart failure, heart attach, heart surgery, mitral valve prolapse, hardening of the arteries, fast heart beat, abnormal heart rhythm.

Gall Bladder, Liver problems, Blood disorder (anemia, bleeding problems)

Neurological problems, Stroke, seizure, meningitis, polio, Parkinson's, Alzheimer's, back/neck problems, thyroid, kidney problems: painful urination, urinary tract infections, blood in urine, prostate disease, Diabetic, Glaucoma,

Blood transfusion, corticosteroid use. Cirrhosis, hepatitis, reflux, hemorrhoids, Gastritis, Ulcers, hernia

Other_____

Have you received a TB skin test?

Pneumonia Vaccine?

Flu Shot?

Under 16 years old Childhood immunizations up to date?

Recent Foreign Travel
When/where_____
Alcohol use:
Beer/wine/mixed drinks/liquor
How often: daily/rarely/occasionally
Tobacco Use
Cigarettes/cigars/snuff/chew/pipe
How much how long
Special Diet? _____
Unintended Weight loss? _____
Appetite good_____poor_____if poor how long_____

Cultural, Ethic, or religious food or healthcare requirements?_____

Dentures
Hearing Aid
Glasses/contacts
Needs help with
Eating
Bathing
Toileting
Walking
Transfers
Difficulty with
Swallowing/Chokes easily
Communication
Comprehension

Living Arrangements
Lives alone
With Family
With Friend
Nursing Home_____
Assisted living

Skin problems
Rashes, sores, open wounds
Pain
When did it start?
Where is the pain?
Please describe the pain in your own words:
Rate pain on 1-10 scale (0 no pain the higher the number the worse the pain)
What relieves pain?
What causes the pain or makes pain worse?
Any accompanying symptoms; Nausea, dizziness_____