

Dear Patient,

Thank you for choosing Windham Surgical Group. We are conveniently located at **162 Mansfield Avenue, Willimantic, CT**, near Windham Community Memorial Hospital.

In order to be seen in a timely fashion, you must provide the following items when you arrive for your appointment.

1. **A list of all your medications including the strength and dosage**
2. **A Drivers License / Non-Driver's License. Other picture ID only if you do not have a license.**
3. **Insurance Cards**
4. **Insurance Co-Pay (required at time of service)**
5. **Insurance Referral (if applicable)**
6. **Workers' Compensation Information (if applicable)**
7. **If do not have Insurance, please contact our office prior to your appointment so that we can work with you to set up a payment arrangement (860-423-4999).**

If this is a Workers' Compensation claim, please contact our office prior to your appointment and speak to the Billing Department (860-423-4999) to be sure that all of the paperwork is completed in a timely fashion.

If your insurance requires you to have a referral for you to be seen by a specialist, please be sure the referral is in place prior to your appointment. Your primary care physician will need to complete this for you. A phone call from your physician is not considered a referral.

Please be sure you arrive at the time indicated above. If you are required to complete paperwork prior to your appointment, time has already been allowed for you to do so. You do not need to arrive earlier than the time indicated above for your appointment.

If you have any questions, or if we can be of further assistance, please contact the Billing Department at 860-423-4999.

Sincerely,
Windham Surgical Group

PROCEDURE NURSING RECORD

PATIENT TO COMPLETE

Please fill out both pages of this form and bring it with you to the hospital the day of surgery.

Patient Name	Date of Birth	Phone
Primary Care Doctor	Height	Weight

ALLERGIES: (medications/food/environmental)	Reaction to: What happens? (rash, swelling, difficulty breathing)
Do you have an allergy to latex? (rubber)?	Yes No
Reaction	

SURGICAL HISTORY	Check all that apply	Comment
Appendectomy		
Breast		
Colon		
Gallbladder		
Heart		
Hernia		
Hysterectomy		
Joint Replacement		
Pacemaker		
List others		

MEDICAL HISTORY			
Have you ever had? (please check)			
Anemia/Bleeding Disorder	Kidney Problems		
Arthritis	Liver Problems		
Asthma	Lung Problems		
Breathing Problems	Malignant Hypothermia		
Chest Pain	MRSA		
Chronic Fatigue	Obesity		
Constipation/ Indigestion/Reflux	Pregnant		
Depression	Prostate Problems		
Diabetes	TB		
Heart Problems	Thyroid Problems		
Hepatitis	Seizures		
High Blood Pressure	Sleep Apnea		
High Cholesterol	Stroke		
Heartburn	VRE		
HIV			
Other Medical Problems			
Weight loss? How much?	Lbs.	Intentional	No
Over what period of time	weeks	months	years
Chronic Pain?	No		
Have you ever had any problems with anesthesia/sedation?	No		

Current or past use of (check all that apply):			
Alcohol?	Amount	Last Used?	
Street/Recreational Drugs?		Last Used	
Presently a smoker of:	Cigars	Cigarettes	Amount
Have you ever smoked?		For how many years	
How many years have you been smoke free?			

<p>Have you been sick within the past week? If so, describe</p> <p> </p> <p>Are there any cultural or religious concerns we need to know about?</p> <p> </p> <p>Do you have specific dietary needs (such as diabetic, low fat)? If so please describe:</p> <p> </p> <p>Do you have a problem sleeping/breathing at night/snoring? Please specify:</p> <p> </p>
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HEALTH SCREENING: If applicable.			
Last Menstrual Period, When?	Was it normal?	Yes	
If not, describe			
Possible Pregnancy?	Yes	No	
Are you breast-feeding?	Yes	No	
Last mammogram?		Last Pap	
Last colonoscopy?			
Flu or Pneumonia Vaccines:	Dates		

LIST ANY FAMILY HISTORY (check all that apply)	
Breast Cancer	Other History (specify below)?
Colon Cancer	
Colon Polyps	
Diabetes	
Heart trouble	
Stroke	
Other Cancer	
Malignant Hperthermia	

