

PREOPERATIVE PATIENT QUESTIONNAIRE

Name _____ Age _____ Sex _____ Ht _____ Wt _____

PATIENT INFORMATION New Patient Name Change Address Change Insurance Change

This questionnaire is designed to assist the anesthesiologist who will be taking care of you during your operation.
Mailing Address

	NO	YES
Do you have any drug or food ALLERGIES?		
Please List		
Have you had any previous operations?		
Have you or any blood relative had anesthesia problems?		
Have you ever been admitted to a hospital?		
Do you suffer from:		
Asthma? Bronchitis? Sleep Apnea?		
Diabetes?		
Kidney problems? Liver problems?		
Epilepsy? Seizures?		
Stomach / intestinal problems or heartburn?		
Tuberculosis?		
Backache?		
High blood pressure?		
Heart disease?		
Do you get breathless / chest pain on exercise or at a night?		
Do you have a tendency to bruise/bleed easily?		
Any recent cough, fever, runny nose or sore throat?		
Do you have any other medical problems?		
If any, please list:		
Do you smoke / have a history of smoking?		
Do you drink alcohol habitually or use recreational drugs?		
Do you have any loose/false/capped teeth?		
For women: are you pregnant? LMP:		
Are you taking medications / herbs / over the counter?		
If any please list:		

If answers to any questions are YES, please explain below:

Signature of patient/parent/guardian

Signature of RN

Date

Dear Patient,

Across the United States, approximately 2.3 million people become ill or have adverse side effects from medical therapy each year. Also, adverse drug events account for about 4.7% of US hospital admissions and contribute to an estimated \$3.8 million in costs per hospital each year.

Here at MAIN STREET SPECIALTY SURGERY CENTER we take medication delivery very seriously. We believe that you, the patient, are a key member of the team that needs to be involved in enhancing accuracy of your treatment. In order to provide the highest quality safe care, we would like to document the most accurate and complete list of your current medications. This would include the name, dose and frequency of each medication you take. Since this information is detailed and may be difficult to remember, we ask you to bring all current medication bottles (including multi-vitamins, herbals, special creams or lotions, laxatives, and any other over-the-counter remedies you take) with you when you come for your surgery. If you are unable to bring in the bottles, please bring in an updated medication list including all of the above information. You are welcome to use the template on the back of this letter for this purpose.

When you arrive at the ASC, you will be asked to review the information we have regarding your medications in our medical record and to edit it based on your medication bottles or the medication list that you bring in.

When you leave our facility, we will give you an updated list of your medications for you to take to your next provider of care.

We are dedicated to providing the highest quality, safest care possible, and we appreciate your partnership to support us in achieving this goal. Please feel free to contact us at (714) 704-1900 with any questions.

Sincerely,

Narendra Parson MD, Medical Director
Main Street Specialty Surgery Center



MAIN STREET SPECIALTY SURGERY CENTER

Dear Patient:

We would like to thank you for choosing Main Street Specialty Surgery Center for your upcoming procedure or surgery. At this time we are not a provider with your insurance company, so your physician has asked that we honor your in network benefits. This means that regardless of how much your insurance company pays or allows for your surgery your financial responsibility would be calculated per your in network benefits. To calculate your out of pocket financial responsibility we use a usual and customary fee schedule, and bill you only your in-network deductible and co-pay percentage. If you have any questions or would like to know what the out of pocket expenses would be call us at the number below and we will give you an approximate quote.

Occasionally, since we are out of network, the reimbursement that we would receive from your insurance company may not cover the cost of implants or implantable devices that your physician may want to use, in which case your physician may ask you to pay for the cost of such implants.

You will not receive a statement from us until after we receive the insurance payment and have made the agreed adjustments to your account. Then you will receive a "pink statement" with your balance.

Remember, your physician is an independent contractor and not an employee of this surgery center. You will receive a separate bill from him, an anesthesiologist and pathologist if one is used.

Sincerely,

Main Street Specialty Surgery Center
Billing Department

PATIENT RIGHTS

IN ACCORDANCE WITH HEALTH AND SAFETY CODES, THE CENTER AND THE MEDICAL STAFF HAVE ADOPTED THE FOLLOWING LIST OF PATIENT RIGHTS.

1. Exercise these rights without regard to sex or culture, economic, educational, or religious background or the source of payment for his or her care.
2. Considerate and respectful care.
3. Knowledge of the name of the physician who has primary responsibility for coordinating his or her care and the names and professional relationships of other physicians who will see this patient.
4. Receive information from his or her physician about his or her illness, his or her course of treatment and his or her prospects for recovery in easy to understand terminology.
5. Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved and knowledge of the name of the person who will carry out the procedure or treatment.
6. Participate actively in decisions regarding his/her medical care to the extent permitted by law, including the right to refuse treatment.
7. Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly.
8. Confidential treatment of all communications and records pertaining to his/her care and his or her stay in the Center. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
9. Reasonable responses to reasonable requests he/she may make for services.
10. He or she may leave the Center even against the advice of his/her physicians.
11. Reasonable continuity of care and to know in-advance the time and location of appointment as well as the physician providing the care.
12. Be advised if the Center/personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in any such research projects.
13. Be informed by his/her physician or a delegate of his/her physician of his/her continuing health care requirements following his/her discharge from the center.
14. Examine and receive an explanation of the bill regardless of source of payment.
15. Know which Center rule sand policies apply to the patient's conduct while a patient.
16. Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
17. Designate visitors of his/her choosing, if the patient has decision-making capacity, whether or not the visitor is related by blood or marriage, unless:
 - a. No visitors are allowed.
 - b. The facility reasonably determines that the presence of a particular visitor would endanger the Center or safety of the patient, a member of the Center staff, or other visitor to the Center facility, or would significantly disrupt the operations of the Center.
 - c. The patient has indicated to the Center staff that the patient no longer wants this person to wait.
18. Have the patient's wishes considered for purposes of determining who may visit if the patient lacks decision-making capacity and to have the method of that consideration disclosed in the Center on visitation. At a minimum, the Center shall include any persons living in the household.
19. This section may not be construed to prohibit the Center from otherwise establishing reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visits.
20. Patients shall be advised if their treating physician does not carry current liability insurance.
21. Upon request, patients shall be informed of the physician credentialing process conducted at the Center.
22. A grievance procedure is available to all patients and visitors of the center. In the event you feel we have not satisfactorily met your needs or you have any complaints or concerns regarding your experience at MAIN STREET SPECIALTY SURGERY CENTER, please feel free to contact Jeff Bernhardt at (714)704-1900.
23. Should you have further grievance regarding your experience, you may call or contact the Accreditation Association for Ambulatory Health Care (AAAHC) at 5250 Old Orchard Rd, Suite 200, Skokie, IL 60077 (847) 852-6060. Medicare beneficiaries who wish to file a complaint about their quality of care should contact the Health Services Advisory Group at 1-800-841-1602.

PATIENT RESPONSIBILITIES

1. It is the patient's responsibility to read and understand all permits and consents he or she signs. If the patient does not understand, it is the patient's responsibility to ask the nurse or practitioner for clarification.
2. It is the patient's responsibility to answer all medical questions truthfully and to the best of his or her knowledge and to provide accurate and complete information about his or her present complaint, past illness, hospitalizations, medications and other matters relating to his or her health. The patient has the responsibility to report unexpected changes in his or her condition to the responsible practitioner. The patient is responsible for reporting whether he or she clearly comprehends a contemplated course of action and what is expected of him or her.
3. It is the patient's responsibility to keep appointments and notify the Center or his or her doctor if unable to keep surgery or pain procedure appointments.
4. The patient is responsible for his or her actions if he or she refuses treatment.
5. It is the patient's responsibility to read carefully and to follow all pre-operative instructions given by his or her physician and Main Street Specialty Surgery Center.
6. It is the patient's or guardian's responsibility to notify the staff of Main Street Specialty Surgery Center if he or she (or their child or ward) has not followed pre-operative instructions.
7. It is the patient's responsibility to provide transportation, as directed, to and from Main Street Specialty Surgery Center. Selected modes of transportation will be appropriate to the medications and/or anesthetics the patient will be receiving.
8. It is the patient's responsibility to read carefully and to follow all post-operative instructions received from his or her attending physicians and nurses, including information regarding post-operative follow-up appointments.
9. It is the patient's responsibility to contact his or her physician directly if he or she experiences any complications following surgery.
10. Patients are responsible for following Center rules and regulations relating to patient care and conduct. Patients are responsible for being considerate of the rights of other patients, visitors and Center personnel and for assisting in the control of noise, unauthorized smoking, and the number of visitors. Patients are responsible for being respectful of the property of other persons and of the Center.
11. It is the patient's responsibility to ensure that all payments for services rendered by Main Street Specialty Surgery Center are made on a timely basis, and to understand that ultimate financial responsibility for services rendered by the Center are his or hers, regardless of the type of insurance coverage he or she may have.
12. It is the patient's responsibility to notify the Administrator of Main Street Specialty Surgery Center if he or she feels that any rights have been violated, or if the patient has a significant complaint or a suggestion for the improvement of services or quality of care. This can be accomplished by filling out the Center's Patient Survey Questionnaire or by direct contact.
13. When the patient is an adolescent, or ward the parent(s) or legal guardian will assume all of the above rights and responsibilities on behalf of the patient.

ADVANCE DIRECTIVES

Advance directive is a general term that refers to your oral or written instructions about your future medical care in the event that you become unable to communicate those instructions. As a provider of outpatient services, it is the policy of Main Street Specialty Surgery Center that Advance Directives will **NOT** be honored. Main Street Specialty Surgery Center will provide full resuscitative service for any patient requiring emergency life saving/support. You, your conservator or guardian will be given an opportunity to cancel the surgical procedure.

A CA state Advance Directive form is available free of charge at
www.ag.ca.gov/consumers/pdf/ProbateCodeAdvancedHealthCareDirectiveForm.pdf

NOTICE OF SIGNIFICANT BENEFICIAL INTEREST

California Business and Professions Code Section 654.2 requires your physician to notify you when your physician, or someone in his or her immediate family, has a "significant beneficial interest," as that term is defined under Section 654.2, in any organization to which your physician refers you for services.

We are providing this notice to inform you that your doctor may have a significant beneficial interest in Main Street Specialty Surgery Center.

Please be advised that you may choose any organization for the purpose of obtaining the services ordered or requested by your doctor.