ST LOUIS EYE SURGERY & Laser Center

12990 Manchester Road, Suite 103
St. Louis, MO 63131
phone: 314-686-4200
secure fax: 314-686-4201

Admission History

Prior to your scheduled procedure, please complete and fax, mail or have available when the nurses contact you from the Surgery Center to discuss your medical history.

Patient Name: _____ Date of Service: _____

Date of Birth: _____ Sex: M F Height: _____ Weight: _____

Surgeon: _____ Scheduled Procedure: _____

List of Past Surgeries: _____

_____

Drug Allergies: _____

Alcohol Use: _____ Tobacco Use: _____

Please indicate medications with dose & frequency on separate Home Medication List
If no home medications, please check HERE ☐

DO YOU HAVE ANY (check which applies):

Heart Problems (MVP, murmurs, heart attack, CHF, A-fib, irregular rhythm)	☐ Yes	☐ No
Pacemaker/AICD	☐ Yes	☐ No
High blood pressure	☐ Yes	☐ No
High cholesterol	☐ Yes	☐ No
Sleep apnea/CPAP	☐ Yes	☐ No
Respiratory disease (asthma, chronic bronchitis, emphysema, COPD)	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Thyroid Disease	☐ Yes	☐ No
Glaucoma	☐ Yes	☐ No
History of seizures	☐ Yes	☐ No
History of strokes/TIA	☐ Yes	☐ No
Neurologenic Disease (Alzheimer's, Parkinson's)	☐ Yes	☐ No

History of Cancer/ Specify: _____	☐ Yes	☐ No
Infectious Disease (HIV, hepatitis, shingles, TB)	☐ Yes	☐ No
Kidney or liver problems	☐ Yes	☐ No
History of motion sickness	☐ Yes	☐ No
History of post-operative nausea or vomiting	☐ Yes	☐ No
Family history of anesthesia problems (Does anyone in your family run a high temp with anesthesia?)	☐ Yes	☐ No
Acid reflux or hiatal hernia	☐ Yes	☐ No
Bleeding or clotting abnormalities	☐ Yes	☐ No
Panic attacks, anxiety or depression	☐ Yes	☐ No
Other medical or surgical history: _____	☐ Yes	☐ No

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This document is required to be on-file at the St. Louis Eye Surgery & Laser Center PRIOR to surgery

Procedure Date: _____ Surgeon: _____

1

I _____ , am aware that because I am scheduled to receive anethesia services, St. Louis Eye Surgery & Laser Center (SLESLC) requires the following:

1. I can NOT drive myself home after my procedure.
2. I must have a responsible adult present at the center during my procedure. This person must receive and sign instructions and escort me home.
3. I should have a responsible adult available for 24 hours after the procedure.

I understand that it is my responsibility to make these arrangements before arriving at SLESLC for my procedure. **I understand that if these arrangements are not made prior to my arrival, my procedure may be cancelled.**

_____ _____ _____
Patient/POA/Relative/Guardian - Signature | Relationship to Patient | Date

2

I _____ , give permission for personnel of St. Louis Eye Surgery & Laser Center (SLESLC) to leave messages on the voicemail/answering machine of the telephone number(s) I have provided below as my contact number(s). SLESLC will call before surgery to pre-register and obtain a brief medical history. I understand that SLESLC may leave information on a message regarding pre-operative instructions for my procedure and a post-operative call to check my condition. SLESLC may also contact the individual(s) listed below to obtain my health information.

_____ _____ _____
Patient/POA/Relative/Guardian - Signature | Relationship to Patient | Date

_____ _____ _____
Home Phone | Cell Phone | Work Phone

_____ _____
Contact Person(s) | Phone

3

I have received the SLESLC patient information booklet prior to my date of service and made particular note of information addressing my rights and responsibilities as a patient, information regarding a living will or advanced care directive, as well as information regarding physician ownership in SLESLC.

_____ _____ _____
Patient/POA/Relative/Guardian - Signature | Relationship to Patient | Date

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Home Medication List

Patient Name: _____

Medication Name	Dose	Frequency	Reason Taken

New Medications (To be completed by Surgery Center staff)

☐ I have received my post-operative eye drop regime/kit from my physician's office

Responsible Party Signature _____ RN Signature _____

Kevin J. Blinder, MD
Nicholas E. Engelbrecht, MD
M. Gilbert Grand, MD
Daniel P. Joseph, MD, PhD
Thomas K. Krummenacher, MD

THE RETINA INSTITUTE

Richard J. Rothman, MD
Gaurav K. Shah, MD
Bradley T. Smith, MD
Matthew A. Thomas, MD
tri-stl.com

1600 S. BRENTWOOD BLVD. / SUITE 800 / ST. LOUIS, MISSOURI 63144 / 314.367.1181 or 800.888.0011 / fax: 314.968.5117

NOTICE TO PATIENTS
DISCLOSURE OF OWNERSHIP

Patient: _____ MR # _____

Date of Service _____

The Centers for Medicare and Medicaid Services (CMS) through 42 Code of Federal Regulations, part 416.50 of Patients Rights and some insurance companies require that a physician notify a patient if the physician has a direct interest in a separate diagnostic or treatment facility to which the physician is referring the patient.

In compliance with this requirement the physicians of The Retina Institute have a direct interest in the St. Louis Eye Surgery and Laser Center.

The law requires the acknowledgement of you having read and understood this disclosure by dating and signing this notice in the spaces provided.

ACKNOWLEDGEMENT

I have read this Notice to Patients, and I understand the disclosure that it contains.

Dated this _____ day of _____, 20_____

_____
Patient Signature

_____
Printed Patient Name

I have witnessed the above patient signature and have given him/her a copy of the completed form.

_____
Employee Signature

_____
Employee Printed Name

Original: chart-scanned
Copy: patient

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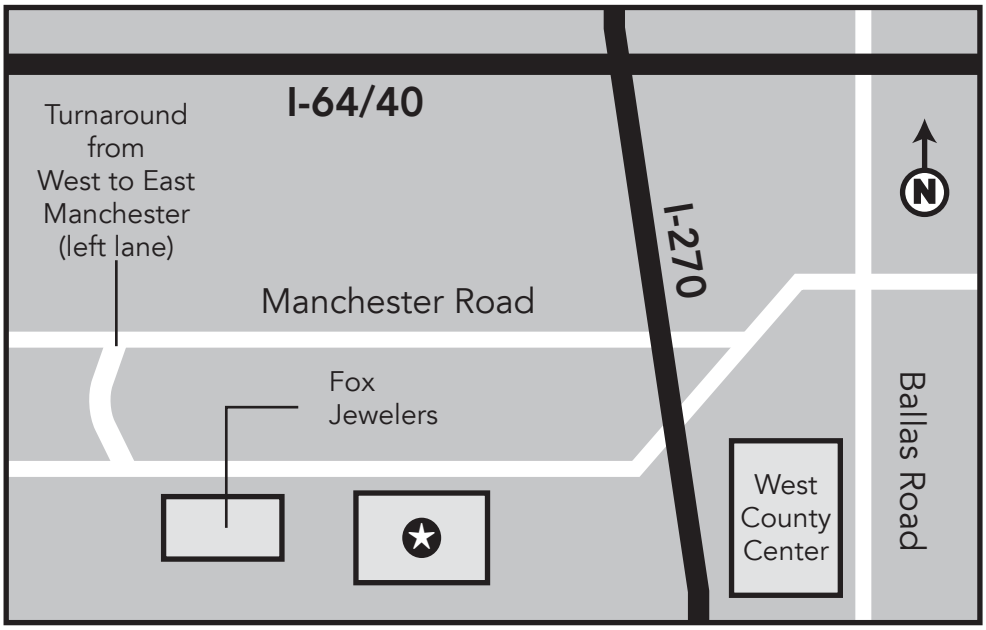
Surgery Information

Surgery Date: _____ Arrival Time: _____ Surgery Time: _____

Hours of Operation: Monday - Friday, 6:00 am - 4:00 pm
314.686.4200



From St. Louis/Clayton/Creve Coeur: Take I-270 to Manchester Road West Exit. Travel one mile west to the Manchester Road East turnaround. Exit Left. Travel 1/2 mile and turn right, just beyond Fox Jewelers into the The St. Louis Eye Surgery & Laser Center located in the Eye and Surgery Center's building.

From Chesterfield: Take Hwy. 40/64 to Hwy. 141 (South). Turn left (East) on Manchester Road and travel 2.8 miles. Turn right just beyond Fox Jewelers into The St. Louis Eye Surgery & Laser Center located in the Eye and Surgery Center's building.

From Fenton: Take Hwy. 270 North to Manchester Road West Exit. Travel one mile west to the Manchester Road East turnaround. Exit left. Travel 1/2 mile and turn right, just beyond Fox Jewelers into The St. Louis Eye Surgery & Laser Center located in the Eye and Surgery Center's building.

Hotel Information:
Drury Inn Creve Coeur
11980 Olive Blvd.
314.989.1100
Rate: $$$