

Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston



Hôpital Hotel Dieu Hospital



Hôpital Général de Kingston General Hospital

Adult Pre-Surgical Screening Patient Assessment (PSS)

PART 1 - TO BE COMPLETED BY THE PATIENT / GUARDIAN

Pharmacy Name and location / phone number

Please check "yes" or "no" if you have history of the following:

	YES	NO		
HEART			THIS SIDE FOR USE BY PSS NURSE ONLY	
	Chest pain or angina			
	Heart attack / Coronary Stent			
	Stroke / TIA (Mini stroke)			
	Do you have high blood pressure, or take medication for this			
	Irregular pulse / palpitations			
	Heart murmur / Rheumatic fever			
	Pacemaker / Implantable Cardioverter Defibrillator (ICD)			
	Heart failure			
	Do you have difficulty climbing one flight of stairs			
LUNG			THIS SIDE FOR USE BY PSS NURSE ONLY	
	Blood Clot legs or lungs			
	Any previous heart tests / heart surgery			
	Shortness of breath with: Normal activity <input type="checkbox"/> At rest <input type="checkbox"/>			
	Productive cough			
	Asthma / bronchitis / emphysema (COPD) / Reactive Airways disease			
	Pneumonia / tuberculosis			
	Do you smoke tobacco			
RENAL / GI			THIS SIDE FOR USE BY PSS NURSE ONLY	
	Have you quit smoking			
	Do you have sleep apnea Oral appliance <input type="checkbox"/> CPAP <input type="checkbox"/> BIPAP <input type="checkbox"/>			
	Do you use oxygen at home			
	Kidney problems / dialysis / transplant			
	Heartburn / hiatus hernia (Acid reflux)			
	Easily nauseated / motion sickness			
OTHER			THIS SIDE FOR USE BY PSS NURSE ONLY	
	Hepatitis / jaundice / liver disease			
	Diabetes Insulin <input type="checkbox"/> Pills <input type="checkbox"/> Diet <input type="checkbox"/>			
	Thyroid problems			
	Pituitary or Adrenal Disease			
	Arthritis Rheumatoid Arthritis <input type="checkbox"/> Osteoarthritis <input type="checkbox"/>			
	Disease of nerves and muscles			
	Seizures			
	Have you had a fall within the last year			
	Mental Health problems			
OTHER			THIS SIDE FOR USE BY PSS NURSE ONLY	
	Significant memory loss			
	Cancer Chemotherapy <input type="checkbox"/> Radiation <input type="checkbox"/>			

