

RANDWICK DAY SURGERY
2 EURIMBLA AVENUE, RANDWICK, N.S.W. 2031
Licence No: DC 117 Provider No: 0999901X

www.randwickdaysurgery.com.au
Email: contact@randwickdaysurgery.com.au

Telephone: 9398 8190

Facsimile: 93145331

Suitability Checklist

Please use the following checklist for all patients see Guidelines for Admission (Aug 2010), to assist in the assessment of the suitability of your patient for day surgery prior to a booking.

Patient Name: _____ Age: _____

Proposed Operation: _____

Theatre time required: _____
(include 30 mins anaesthetic time)

Weight: _____ Height: _____

Medical History: (please tick)

- | | |
|--|--|
| <input type="checkbox"/> Ischaemic Heart Disease | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Mental disability |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Other: _____ |

Current Medications: _____

Allergies: _____ Yes / No
If Yes, please describe: _____

Past Anaesthetic Problems? _____ Yes / No
If Yes, please describe: _____

***This is intended as a preliminary guideline only.
Please fax this checklist when booking your patient for day surgery***

Admitting Dentist: _____ Tel no _____

For Office Use Only:
 Pre- Admission Testing Required: _____ Yes / No