### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Patient medical record number</th>
<th>Race – Mark (X) all that apply.</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 White</td>
<td>Month Day Year</td>
</tr>
<tr>
<td></td>
<td>2 Black or African American</td>
<td>Month Day Year</td>
</tr>
<tr>
<td></td>
<td>3 Asian</td>
<td>Month Day Year</td>
</tr>
<tr>
<td></td>
<td>4 Native Hawaiian or Other Pacific Islander</td>
<td>Month Day Year</td>
</tr>
<tr>
<td></td>
<td>5 American Indian or Alaska Native</td>
<td>Month Day Year</td>
</tr>
</tbody>
</table>

#### Expected source(s) of payment:

- Medicare
- Medicaid or CHIP
- Worker's compensation
- Self-pay
- No charge/Charity
- Other
- Unknown

<table>
<thead>
<tr>
<th>Expected source(s) of payment for this visit – Mark (X) all that apply.</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Private Insurance</td>
<td>Month Day Year</td>
</tr>
<tr>
<td>2 Medicare</td>
<td>Month Day Year</td>
</tr>
<tr>
<td>3 Medicaid or CHIP</td>
<td>Month Day Year</td>
</tr>
<tr>
<td>4 Worker's compensation</td>
<td>Month Day Year</td>
</tr>
<tr>
<td>5 Self-pay</td>
<td>Month Day Year</td>
</tr>
<tr>
<td>6 No charge/Charity</td>
<td>Month Day Year</td>
</tr>
<tr>
<td>7 Other</td>
<td>Month Day Year</td>
</tr>
<tr>
<td>8 Other</td>
<td>Month Day Year</td>
</tr>
</tbody>
</table>

### SURGICAL DIAGNOSIS

As specifically as possible, list all diagnoses related to this surgery or procedure.

1. 
2. 
3. 
4. 
5. 

### CONDITIONS

Does patient have any of the following conditions? (Note: These conditions could impact this surgery or procedure) – Mark (X) all that apply.

- Asthma
- Cardiac surgery history
- Cerebrovascular disease/History of stroke or transient ischemic attack (TIA)
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Diabetes
- Hypertension
- Morbid obesity
- Obstructive sleep apnea
- Renal failure
- None of the above

### PROCEDURE(S)

As specifically as possible, list all diagnostic and surgical procedures performed during this visit.

- NONE

1. 
2. 
3. 
4. 
5. 
6. 
7. 

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2013 ASC
**MEDICATION(S)**

Mark (X) all drugs and anesthetics that were administered and whether they were administered preoperatively, intraoperatively, and/or postoperatively.

<table>
<thead>
<tr>
<th>Type(s) of anesthesia listed – Mark (X) all that apply.</th>
<th>Anesthesia administered by – Mark (X) all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>1. Anesthesiologist</td>
</tr>
<tr>
<td>IV sedation</td>
<td>2. CRNA (Certified Registered Nurse Anesthetist)</td>
</tr>
<tr>
<td>MAC (Monitored Anesthesia Care)</td>
<td>3. Surgeon/Other physician</td>
</tr>
<tr>
<td>Topical/Local</td>
<td>4. Resident</td>
</tr>
<tr>
<td>Regional epidural</td>
<td>5. Other provider</td>
</tr>
<tr>
<td>Regional spinal</td>
<td>6. Unknown</td>
</tr>
</tbody>
</table>

**DISPOSITION**

Mark (X) all that apply:

1. Routine discharge to customary residence
2. Discharge to observation status
3. Discharge to post-surgical/recovery care facility
4. Admitted to hospital as inpatient
5. Referred to ED
6. Surgery terminated

**Did someone attempt to follow-up with the patient within 24 hours after the surgery?**

Mark (X) one box.

- [ ] Yes
- [ ] No
- [ ] Unknown

**What was learned from this follow-up?**

Mark (X) all that apply.

- [ ] Unable to reach patient
- [ ] Patient reported no problems
- [ ] Patient reported problems and sought medical care
- [ ] Patient reported problems and was advised by ASC staff to seek medical care
- [ ] Patient reported problems, but no follow-up medical care was needed
- [ ] Other
- [ ] Unknown