1. PATIENT INFORMATION

<table>
<thead>
<tr>
<th>a. Date of visit</th>
<th>b. ZIP Code</th>
<th>c. Date of birth</th>
<th>d. Sex</th>
<th>e. Ethnicity</th>
<th>f. Race</th>
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</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td></td>
<td></td>
<td>1. White</td>
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<td>Month</td>
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<td>1. Female</td>
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<td>1. Hispanic or Latino</td>
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2. FINAL DIAGNOSIS

As specifically as possible, list all diagnoses related to this visit.

- **Primary:** 1.
- **Other:** 2.
- **Other:** 3.
- **Other:** 4.
- **Other:** 5.

3. EXTERNAL CAUSE OF INJURY

As specifically as possible, describe the injury that preceded the visit or adverse effect that occurred during the visit.

**NONE**

4. PROCEDURE(S)

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

**NONE**

- **Primary:** 1.
- **Other:** 2.
- **Other:** 3.
- **Other:** 4.
- **Other:** 5.
- **Other:** 6.
- **Other:** 7.
5. MEDICATION(S) & ANESTHESIA

### a. Was oxygen administered during this visit?

Mark (X) one box.
- [ ] Yes
- [ ] No
- [ ] Unknown

### b. List up to 12 Rx and OTC drugs and anesthetics that were ordered, supplied, or administered during this visit or at discharge, excluding oxygen.

<table>
<thead>
<tr>
<th>Rx/O TC Drug</th>
<th>During Visit</th>
<th>At Discharge</th>
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<tbody>
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### c. Type(s) of anesthesia listed in 5b – Mark (X) all that apply.

- [ ] General
- [ ] IV sedation
- [ ] IM (Intra-muscular
- [ ] MAC (Monitored Anesthesia Care)
- [ ] Topical/Local
- [ ] Epidural
- [ ] Spinal
- [ ] Retrobulbar block
- [ ] Peribulbar block
- [ ] Other block

6. PROVIDER(S) OF ANESTHESIA

Anesthesia administered by – Mark (X) all that apply.
- [ ] Anesthesiologist
- [ ] ORNA (Certified Registered Nurse Anesthetist)
- [ ] Surgeon/Other physician
- [ ] Unknown

7. SYMPTOM(S) PRESENT DURING OR AFTER PROCEDURE

Mark (X) all that apply.
- [ ] NONE
- [ ] Apnea
- [ ] Bleeding/Hemorrhage
- [ ] Difficulty waking up
- [ ] Dysrhythmia/Arrhythmia
- [ ] Hypertension/High blood pressure
- [ ] Hypotension/Low blood pressure
- [ ] Hypoxia
- [ ] Incontinence
- [ ] Nausea
- [ ] Vomiting
- [ ] Other

8. DISPOSITION

Mark (X) one box.
- [ ] Routine discharge to customary residence
- [ ] Discharge to observation status
- [ ] Discharge to post-surgical/recovery care facility
- [ ] Admitted to hospital as inpatient
- [ ] Referred to ED
- [ ] Surgery terminated
- [ ] Other
- [ ] Unknown

9. FOLLOW-UP INFORMATION

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

Mark (X) one box.
- [ ] Yes – Continue with Item 9b.
- [ ] No
- [ ] Unknown

### b. 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