



**Lakeridge
Health**

- ☐ Lakeridge Health Oshawa
1 Hospital Court,
Oshawa ON L1G 2B9
905-576-8711
- ☐ Lakeridge Health Port Perry
451 Paxton Street,
Port Perry, ON L9L 1A8
905-985-7321

PRE ADMISSION INFORMATION FORM
PLEASE COMPLETE ALL SECTIONS BELOW

Patient's surname:			First Name			Phone Number					
Address			City			Postal Code					
Sex		Marital Status		Religion		Church					
Date of Birth		DAY	MONTH	YEAR	Doctors OB		Family		Midwife		
Employer						Phone #					

Employer's Address

Do you have any drugs allergies? Yes ☐ No ☐

If "yes" please give details:

Maiden or Former Names

Latex Allergy Yes ☐ No ☐

Have you been to Lakeridge Health Oshawa in the last 5 years? Yes ☐ No ☐

Name of the nearest relative or friend to be contacted		Relationship	
Address		Phone number	
Name of second contact		Relationship	
Address		Phone number	

INSURANCE INFORMATION

Health Card Number _____

Exact Name on Health Card _____

Semi Private Insurance ☐ Private Insurance ☐ I'm the policy holder ☐ Spouse is the policy holder ☐

Name of Employer (Insurance) _____

Address _____

Telephone number _____

Name of insurance plan or company _____

Group # _____ Policy # _____

WHEN IS YOUR BABY'S DUE DATE?

PLEASE RETURN COMPLETED FORM TO BIRTHING SUITE

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PRENATAL QUESTIONNAIRE (to be completed before admission)

Patient's Name:		Doctor:	
Present/Past Illness or Surgery:			
Pregnancy Height:		Weight:	Due Date:
# Live Births:	# Pregnancies (including this one):		# Premature Births:
Last Hospitalized:			
When:		Where:	Why:
Previous Anaesthetic: Yes <input type="checkbox"/> No <input type="checkbox"/>			
When:		Where:	Why:
Any problems With Anaesthetic (including family:)			
History Major Illnesses or Medical Conditions:			
Food Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>		Reaction:	
Drug Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Latex Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Taking Any Medications At Present (including vitamins and iron):			
Glasses: Yes <input type="checkbox"/> No <input type="checkbox"/> Contact Lenses: Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing Aids: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Dentures: Yes <input type="checkbox"/> No <input type="checkbox"/> Prosthesis: Yes <input type="checkbox"/> No <input type="checkbox"/> Special Diets: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Support Person's Name:			
# of Non-Stress Tests:		# of Ultrasounds:	
Prenatal Classes: Yes <input type="checkbox"/> No <input type="checkbox"/>		Baby's Doctor:	
Breastfeeding: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bottle Feeding: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any Alcohol During Pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/>		Any drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you Smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>		How Much?	For How Long?

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SECTION OF ANESTHESIA

Information About Epidural Analgesia -

INTRODUCTION

All women experience a certain amount of discomfort during labour and delivery and some may require large doses of pain relieving drugs if indicated.

Certain women may not be suitable candidates for epidural analgesia.

An epidural may be able to relieve your pain by "freezing" the nerves that carry the pain sensation from your womb.

Who performs the epidural?

The epidural procedure is performed by an anesthesiologist who is requested by your physician to do so

How is the epidural given?

The epidural is performed by placing drugs around the nerves just outside the spinal canal, using an epidural catheter. This is a small tube placed in your back, outside the spinal cord. This tube is attached to a pump which delivers local anesthetic slowly and continuously, providing continual relief of pain.

After the epidural, you will be requested to spend equal length of time (about every 30 minutes) on either side.

Are there any complications?

The epidural is a safe way of providing pain relief. However, like all medical procedures, it carries with it the risk of certain complications, which usually cannot be anticipated.

These complications need not be life-threatening, provided they are recognized and treated immediately. Your doctor and nurses are trained to manage any complications associated with this procedure.

1. Occasionally the epidural catheter enters the space around the spinal cord. If this occurs the level of anesthesia may go to a higher level than required.
2. If the needle that is used to place the catheter or the catheter itself enters the space around the spinal cord, the patient may experience a severe headache in the days following delivery.



3. Very occasionally, the freezing may enter directly into a vein. If this occurs, you will notice a peculiar sensation in your head. Your ears will ring and you will have a "tingling" feeling in your face. You may also have a metallic taste in your mouth and throat. If this occurs, inform your nurse or doctor immediately.

What other complications may arise?

- Other complications may arise which are more serious, but which occur very rarely. the most serious of these, as with any medical procedure is, death. This is extremely rare and occurs in less than 1 in 100,000 cases. Slightly more frequently, permanent nerve damage, up to and including paralysis may occur.

The anesthesiologist can discuss all these complications with you if you wish.

Occasionally, an epidural may not work at all or it may prove technically impossible to insert needle or catheter.

You must understand that all precautions are taken to avoid complications and to ensure that you and your baby are safe during labour and delivery.

Can I move about in bed with an epidural?

Yes: You will be able to move about in the bed and turn from side to side with little or no assistance with this epidural.

Consent for procedure

After you read this pamphlet, if you wish to discuss any points, please indicate to your physician and he/she will make arrangements for you to meet with an anesthesiologist. You will be informed of the risks of the procedure, and have an opportunity to ask questions of an anesthesiologist. You will be required to sign the form indicating that you consent to having the procedure performed. Please understand that the final decision as to whether or not you have an epidural anaesthetic rests with you and your anesthesiologist who is performing the procedure. This decision will be based on what the anesthesiologist in consultation with you and your other physicians feels is best for you and your baby.

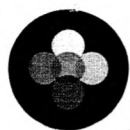
Section of Anesthesia

I acknowledge I have read this pamphlet –

Signature of Patient

Date

PLEASE BRING THIS DOCUMENT, APPROPRIATELY SIGNED, WITH YOU TO THE HOSPITAL AT THE TIME OF YOUR ADMISSION



**Lakeridge
Health**

Patient Name : _____

Surgeon: _____

Date (dd/mm/yy): _____

HCN: _____

**ADULT PRE-SURGICAL SCREENING ASSESSMENT.
TO BE USED FOR PATIENTS GREATER THAN 13 YEARS OF AGE.
TO BE COMPLETED BY PATIENT/ GUARDIAN**

Surname: (Last Name)		First	Name that you go by:	
Age:	Date of Birth (dd/mm/yy)	Health Card Number		
Contact phone number: Home:		Work:		
Cell:				
	Yes	No	Comment	
HEART, CIRCULATION:				
Do you have chest pain or angina?			How often?	
Have you ever had a heart attack?			Date:	
Have you ever had a stroke/TIA? (mini stroke)			Date:	
Do you have fainting spells or blackouts?				
Are you being treated for high blood pressure?				
Do you have irregular pulse/palpitations/atrial fibrillation? If yes, circle.				
Do you have a heart murmur/rheumatic fever/pacemaker? If yes, circle.				
Do you need to take antibiotics prior to seeing your dentist?				
Are you currently taking Aspirin/ Coumadin or Plavix? If yes, circle .				
Do you have any other forms of heart disease?				
RESPIRATORY:				
Do you ever wake up with shortness of breath?				
Do you have a productive cough?				
Do you have asthma/bronchitis/emphysema/COPD? If yes, circle.				
Have you ever had pneumonia/tuberculosis? If yes, circle .				
Do you have sleep apnea?			Is is treated?	
RENAL/HEPATIC:				
Do you have any form of kidney disease?				
Are you on dialysis? If yes how often?				
Have you had hepatitis/ jaundice / liver disease? If yes, circle.			When?	
ENDOCRINE:				
Are you diabetic: Insulin <input type="checkbox"/> Pills <input type="checkbox"/> Diet <input type="checkbox"/>				
Do you have any thyroid problems?				
Do you have pituitary or adrenal disease?				
Do you have rheumatoid arthritis?			Which joints?	



[illegible]

Are you allergic to latex or rubber?		Yes	No	Have you been tested?		Yes	No		
Drug/food Allergies				Adverse Reactions/Sensitivity			Symptoms		
1									
2									
3									
4									
5									
6									

- A “Yes” or “Unknown” response to any question is an indication to swab. Yes to #1 or #3 is an indication for isolation (only exception is ESBL exposure).**

[illegible]

Signature: _____

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