



3801 Ireland Grove Road
 Bloomington, IL 61704
 Phone 309-664-0101
 Fax 309-664-1010

IRELAND GROVE
 CENTER FOR SURGERY

PATIENT REGISTRATION FORM

Today's date _____ Date of surgery _____ Surgeon _____

Patient information

Last name _____ First name _____ MI _____ Male or Female

Permanent address _____

City/State/Zip _____ County _____

DOB _____ Age _____ SSN _____ Marital status _____

Home phone _____ Work phone _____ Cell phone _____

Previous surgeries at Ireland Grove? Yes No If yes, when _____

We are required to report the following information to the state of Illinois (please mark one):

____ American Indian/Alaskan Native ____ Black/African American ____ White (non-Hispanic)
 ____ Hispanic ____ Asian ____ Native Hawaiian/Pacific Islander ____ Other

Guarantor information (If patient is a minor)

Last name _____ First name _____ MI _____ Male or Female

Permanent address _____

City/State/Zip _____ County _____

DOB _____ Age _____ SSN _____ Marital status _____

BILLING INFORMATION: A copy of all insurance cards (front and back) is required

Primary Insurance Company _____

ID # _____ Group # _____

Insured's Name _____ DOB _____ SSN _____

Secondary Insurance Company _____

ID # _____ Group # _____

Insured's Name _____ DOB _____ SSN _____

Is your surgery related to an accident? Yes No If yes: Worker's Compensation Auto Other (circle one)

Complete for Worker's Comp/Auto/Liability claims:

Employer _____ Occupation _____

Address _____

Work Comp. Carrier's name _____ Adjuster's name _____

Address of insurance company _____

Phone _____ Claim # _____ Date of injury _____



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PATIENT HISTORY/PRE-ANESTHESIA QUESTIONNAIRE

Name _____ Age _____ DOB _____ Ht. _____ Wt. _____ BMI _____
 Surgeon _____ Date of surgery _____ Medical doctor _____ NONE
 Home phone _____ Work phone _____ Cell phone _____
 May we leave a message at these numbers to discuss your care? No Yes – Specify _____

Do you have any known allergies? YES NO If yes, Please list below:

ALLERGIC TO:	REACTION:	Please list all PREVIOUS SURGERIES and year

Have you or any family members had complications with anesthesia? Yes No N/A
 If yes, please specify who and what type of complication _____

FEMALE PATIENTS

Last menstrual period _____
 Post-menopausal greater than 2 years
 Hysterectomy Tubal ligation Lactating

PEDIATRIC PATIENTS (children under 12)

Premature? Yes No
 If yes, estimated gestational age (_____ weeks at birth)
 Immunizations up to date? YES NO

MEDICAL HISTORY

Do you now have or have you ever had any of the following? Please mark the appropriate boxes for "yes" answers.

- | | | |
|--------------------------------|--|--|
| High blood pressure | Chronic cough | Diabetes-type _____ |
| Heart murmur/leaky heart valve | Tuberculosis | TMJ/jaw problems |
| Congestive heart failure | Seizure disorder | Rheumatoid arthritis |
| Heart attack | Stroke/TIA | Neck problems |
| Chest pain/angina | Parkinson's | Cancer-type _____ |
| Coronary artery disease | Multiple sclerosis | Kidney disease Dialysis |
| Mitral Valve Prolapse | Motion sickness | Thyroid Disease |
| Fast or irregular heart beats | Myasthenia gravis | Antibiotic resistant infection
(MRSA/VRE) |
| Pacemaker/Defibrillator | Depression/anxiety/other mental
health issues | Implants/Prosthesis |
| Asthma | Liver disease/jaundice | Skin Conditions (Rash,
Psoriasis, Eczema) |
| Emphysema/COPD | Hepatitis-type _____ | Shingles When? _____ |
| Freq. shortness of breath | Hiatal hernia/ulcer/acid
reflux/heartburn | Other medical condition _____ |
| Heavy snoring | Blood clots/bleeding problems | _____ |
| Recent resp. infection | Blood disease/anemia | _____ |
| Sleep apnea/CPAP | | |

Comments _____

History of smoking? No Yes How much daily? _____ How many years? _____ Quit? _____ When? _____
 Do you drink alcohol? No Yes Daily Weekly Monthly
 Do you use recreational drugs? No Yes What type and how often? _____
 Do you have dentures? No Yes Please circle FULL PARTIAL UPPER LOWER
 Do you have capped front teeth? No Yes
 Have you been hospitalized in the past 3 months? No Yes Reason? _____

You will meet with the anesthesiologist the day of surgery. Do you need an appointment to meet an anesthesiologist prior to the day of surgery? Yes No

LEARNING NEEDS

NONE Medication _____ Other _____
Wound Care _____
Safety _____
Procedure/surgery _____
Pain management _____

BARRIERS

NONE Physical limitations _____ Other _____
Visual limitations _____
Hearing limitations _____
Language/Speech _____
Fear/Anxiety/Emotional _____

Who completed this form? Self _____ Other _____

Patient/Responsible Adult Signature _____ **Date** _____

Surgery #1 Reviewed by RN _____ Date _____

Surgery #2 Reviewed by RN _____ Date _____

ANESTHESIA EVALUATION

Surgery # 1 _____ Surgery # 2 _____

Pre-op Diagnosis _____ Pre-op Diagnosis _____

Procedure _____ Procedure _____

Anesthesia Notes

Surgery #1

CV: _____

Lungs: CTA Other: _____

Airway: _____

Teeth: _____

Diagnostic Studies

EKG: WNL Other: _____

Labs: WNL

Other: _____

Surgery #2

CV: _____

Lungs: CTA Other: _____

Airway: _____

Teeth: _____

Diagnostic Studies

EKG: WNL Other: _____

Labs: WNL

Other: _____

ASA physical status: 1 2 3 4 E

Anesthetic plan:

GA MAC IVB LOCAL

Peripheral block for pain control

ASA physical status: 1 2 3 4 E

Anesthetic plan:

GA MAC IVB LOCAL

Peripheral block for pain control

MD/DO _____
Date _____ Time _____

MD/DO _____
Date _____ Time _____



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MEDICATION LIST

Name _____ Birth Date _____ Pharmacy _____

Please read the following instructions carefully before completing this medication list.

1. Please list all the medications you are currently taking, including over-the-counter medications and herbal supplements.
2. Please include medication dose and how often you take it and if it was stopped for the planned surgery.
3. All medications must be written on this form. **"SEE ATTACHED LIST" IS NOT ACCEPTABLE.**

Medication	Dose	When you take med	Stopped for surgery	Resume	Do not resume	Physician Comments
<i>Example: Aspirin</i>	81 mg	AM	X			

Medications prescribed today	Directions for use

Resume all home medications Date _____ RN Signature _____

Resume all home medications Date _____ RN Signature _____

Copy of medication list given to patient/responsible adult and instructed to take this list to all future doctor appointments.

RN Signature _____ Date _____

MD Signature _____ Date _____



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Office and Financial Policies

Thank you for choosing Ireland Grove Center for Surgery as your medical facility. We ask you read and sign our Financial Agreement prior to treatment to inform you of our current office and financial policies.

Identification Card

PLEASE BRING YOUR ID CARD WITH YOU TO EACH AND EVERY APPOINTMENT. If patient is a minor, the parent of the minor child must provide their identification card.

Insurance

PLEASE BRING YOUR INSURANCE CARD TO EACH AND EVERY APPOINTMENT. It is your responsibility to notify your insurance carrier regarding your procedure, establish the need for pre-authorization, and verify in or out of network benefits. Ireland Grove Center for Surgery is a separate entity from your physician's office and may not be a provider of the same insurance contracts. Please verify your insurance benefits including in or out of network coverage with your insurance carrier prior to scheduling.

ALL COPAYMENTS ARE DUE AT THE TIME OF SERVICE. The upfront copayment requirement cannot be waived by Ireland Grove Center for Surgery, as it is a requirement of your insurance carrier. If you are unable to pay your copayment at the time of service, a written waiver from the insurance carrier is needed specifically stating Ireland Grove Center for Surgery is to waive the copayment obligation. It is your responsibility to understand your insurance plan coverage. All copayments, coinsurance, deductibles, and non-covered services are your responsibility.

Out of Network Plans

Ireland Grove Center for Surgery will bill an out of network insurance carrier if you choose to use our facility. Please contact your insurance carrier to verify your benefits and coverage for an out of network facility. It is your responsibility to know and understand your out of network plan benefits and coverage.

No Health Insurance / Self Pay

Payment is due at the time of service. If you are unable to pay the balance in full, payment arrangements must be made prior to treatment. Please contact our Billing Department.

Work Related Injuries / Liability Injuries

If treatment is needed due to a work related or liability injury, you must inform Ireland Grove Center for Surgery. All vital information must be provided such as billing information, date of injury, employer or liable party, claim number and attorney information. If your claim is denied for any reason, you will be responsible for all outstanding balances for services provided.

Payment Plan Options

Payment is expected in full within 60 days from first statement. If unable to make payment in full, Ireland Grove Center for Surgery offers payment plan options. Please contact our Billing Department for payment plan options. Ireland Grove Center for Surgery accepts cash, check, money orders, VISA, MasterCard, and Discover.

Multiple Bills for Services

In addition to the Ireland Grove Center for Surgery facility bill, you may receive a separate bill from the Surgeon (Physician's Office), Anesthesiologist, Pre-testing facility, and Pathology lab.

Pathology Lab

Ireland Grove Center for Surgery utilizes the Carle BroMenn Pathology lab for all specimens. **IF YOUR INSURANCE CARRIER REQUIRES YOU TO USE A DIFFERENT LAB, PLEASE NOTIFY THE CENTER PRIOR TO YOUR SURGERY.**

Anesthesia Providers

Ireland Grove Center for Surgery utilizes two anesthesia providers. Please refer all billing questions regarding anesthesia to the anesthesia providers.
AMBULATORY ANESTHESIA • Email aa.billq@gmail.com / **SUPERIOR ANESTHESIA SOLUTIONS** • PH: (847) 615-2200



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PRE-OPERATIVE INSTRUCTIONS

Pre-Operative Testing

- If pre-operative testing is required (labwork, chest xray, EKG) it will be ordered by surgeon's office.

What to Bring

- Driver's License / Identification Card, Insurance Card and copayment amount due at time of services
- Copy of Power of Attorney or Living Will documents, if you desire
- If Power of Attorney has been granted to another person, you must provide the legal document and the designated person must be present to sign your consent for surgery
- A responsible adult (18 years or older) must remain at the surgery center while you are in surgery, provide a safe ride home after your procedure, and provide care for 24 hours following your procedure

Pre-Anesthesia / Medication Lists / Arrival Times

- The Pre-Anesthesia paperwork including Medication List must be complete prior to treatment. Deliver or fax completed forms to Ireland Grove Center for Surgery (309) 664-1010. All forms are reviewed by the anesthesiologist and nursing staff
- Ireland Grove will call each patient the afternoon prior to the day of your procedure to provide verbal instructions for the day of surgery

Medication Instructions

- Please take ONLY the following medications the morning of surgery with a small sip of water
 - Blood Pressure Medications • Seizure Medications • Asthma/COPD/Emphysema Medications • Heart Medication
- **DO NOT TAKE INSULIN or any other medications unless instructed by your surgeon or the nursing staff**

Eating / Drinking Instructions

- **DO NOT EAT OR DRINK AFTER MIDNIGHT** unless instructed otherwise by your surgeon or nursing staff
- **DO NOT DRINK ALCOHOL WITHIN 24 HOURS OF YOUR PROCEDURE**

Body Piercings / Contact Lenses / Make Up / Jewelry / Valuables

- Remove all make up (especially mascara), all body piercings, nail polish, and jewelry prior to arrival. (Acrylic nails may be left on)
- If you wear contact lenses, please wear glasses instead
- Please leave all jewelry and valuables at home

What to Wear

- Wear loose, comfortable clothes and shoes. Sleeves and pant legs should be loose enough to fit over bandages. If you are having a shoulder procedure, please wear an over-sized button front shirt

Female Patients

- Female patients of menstruating age will be required to provide a urine sample unless you have had a hysterectomy or tubal ligation, or are 60+ years of age or 2+ years post-menopausal

Illness

- If you are ill the day before or the morning of surgery, you must contact Ireland Grove Center for Surgery at (309) 664-0101 to speak with our nursing staff

PLEASE NOTE -- IF YOU DO NOT FOLLOW THE INSTRUCTIONS, OR YOUR PHYSICAL CONDITION CHANGES, YOUR SURGERY MAY BE CANCELLED.



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POST-OPERATIVE INSTRUCTIONS

Safety Instructions

- Following anesthesia, you are considered to be under the influence of drugs for 24 hours
- DO NOT DRIVE, DRINK ALCOHOL, OPERATE MACHINERY OR MAKE IMPORTANT LEGAL DECISIONS FOR 24 HOURS
- Verbal and written instructions will be explained to you specific to your procedure and physician orders
- Call your physician's office with any questions or complications that may arise including any of the following:
 - Breathing difficulty
 - Fever above 101 degrees
 - Chills or extreme coldness
 - Excessive bleeding or drainage
 - Redness or swelling around operative site
 - Calf pain
 - Persistent nausea or vomiting
 - Pain not relieved with pain medication

Eating / Drinking Instructions

- Drink fluids and progress to your usual diet, unless directed differently by medical staff

Rest

- Rest at home under the supervision of an adult (18 years or older) for 24 hours following your procedure
- Limit activity, the goal is to remain comfortable

Pain Medication Instructions

- Pain control will be discussed with you. If your physician orders pain medication for you, the nursing staff will call the prescription(s) to your pharmacy of choice, or provide a written prescription
- Take pain medication with food to avoid stomach upset
- Follow the prescribed pain medication instructions

PLEASE FOLLOW ALL WRITTEN AND VERBAL POST-OPERATIVE INSTRUCTIONS BOTH WRITTEN AND VERBAL PROVIDED BY NURSING STAFF AND PHYSICIANS.



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PATIENT SAFETY INSTRUCTIONS

Ireland Grove Center for Surgery is concerned about the safety and well – being of all patients and visitors. As a result, the center has implemented various measures to make your stay with us as pleasant as possible and to minimize patient safety issues.

Ireland Grove Center for Surgery may perform various procedures to ensure patient safety. These procedures include:

- Verifying your name and date of birth multiple times
- Marking your surgical site
- Asking you to provide a COMPLETE list of all your medications, both prescription and over-the-counter
- Verifying your surgical procedure multiple times

Ireland Grove Center for Surgery provides each patient with a Patient Satisfaction Survey at every visit. Please complete the survey and return in the self-addressed envelope. We welcome all comments and suggestions to improve your overall experience at Ireland Grove Center for Surgery, and all surveys are tallied and tracked.

If you have any questions, comments or concerns regarding your procedure or any questions regarding policies at Ireland Grove Center for Surgery, please ask to speak with a staff representative or contact Ireland Grove Center for Surgery at (309) 664-0101. Thank you for choosing Ireland Grove Center for Surgery as your medical facility.



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DIRECTIONS TO IRELAND GROVE CENTER FOR SURGERY

→→ MANY GPS SYSTEMS WILL NOT PROVIDE YOU PROPER DIRECTIONS ←←

Ireland Grove Center for Surgery is located approximately ¼ mile west of the intersection of Towanda Barnes Road and Ireland Grove Road on the Southeast corner of Bloomington/Normal.

From South Veterans Parkway

1. TURN RIGHT → (EAST) onto IRELAND GROVE RD. Follow IRELAND GROVE RD for approximately 2.5 miles. **DO NOT TURN ONTO LOOP RD. OR INTO ANY OF THE STATE FARM COMPLEX.**
2. TURN RIGHT → (SOUTH) on to TULLAMORE from IRELAND GROVE RD.
3. TURN LEFT ← (EAST) onto BALLYBUNION from TULLAMORE. The Center is the 2nd drive on the left side of the road.

From North Veterans Parkway

1. TURN LEFT ← (EAST) onto IRELAND GROVE RD. Follow IRELAND GROVE RD for approximately 2.5 miles. **DO NOT TURN ONTO LOOP RD. OR INTO ANY OF THE STATE FARM COMPLEX.**
2. TURN RIGHT → (SOUTH) on to TULLAMORE from IRELAND GROVE RD.
3. TURN LEFT ← (EAST) onto BALLYBUNION from TULLAMORE. The Center is the 2nd drive on the left side of the road.

From South Towanda Barnes Rd from Towanda Area

1. TURN RIGHT → (WEST) onto IRELAND GROVE RD. Follow IRELAND GROVE RD for approximately ¼ mile.
2. TURN LEFT ← (SOUTH) on GLASSON from IRELAND GROVE RD.
3. TURN RIGHT → (WEST) onto BALLYBUNION from GLASSON. The Center is the 1st drive on the right side of the street.

From North Towanda Barnes Rd from Downs Area

1. TURN LEFT ← (WEST) onto IRELAND GROVE RD. Follow IRELAND GROVE RD for approximately ¼ mile.
2. TURN LEFT ← (SOUTH) on GLASSON from IRELAND GROVE RD. Turn right (west) onto BALLYBUNION from GLASSON. The Center is the 1st drive on the right side of the street.