

# Bahamas Surgery Center

## ADVANCE DIRECTIVE

Bahamas Surgery Center does not honor a “do not resuscitate” portion of an Advance Directive, as we expect all of our patients to be reasonably healthy. If you wish to provide a copy of your advance directive or living will, a copy will be made for your medical record.

**The law does not require that patients have or make an advance directive.**

\_\_\_\_\_ Yes, I have an Advance Directive of which my family is aware; however I do not have a copy to provide Bahamas Surgery Center, today.

\_\_\_\_\_ Yes, I have an Advance Directive that I have provided to Bahamas Surgery Center.

\_\_\_\_\_ No, I do not have an Advance Directive.

Would you like to receive information regarding Advance Directives?

No  Yes

**Requested information provided?  Yes Staff initials\_\_\_\_\_**

\_\_\_\_\_ I understand that I have the right to receive or refuse treatment as outlined in the Patient Self-Determination Act.

## PATIENT BILL OF RIGHTS

Bahamas Surgery Center did inform me of my patient rights, written or verbally, and in a language and manner which I could understand in advance of the date of my procedure.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

# Bahamas Surgery Center

## Information Regarding Advance Directives

*You can decide in advance what medical treatment you want to receive if you become physically or mentally unable to communicate your wishes.*

The following information is provided by the Health Care Financing Administration, U.S. Department of Health and Human Services:

### **Your Rights as a Patient**

You have the right to prepare a document called an “Advance Directive.” In one type of Advance Directive, you state in advance what kind of treatment you want or do not want if you ever become mentally or physically unable to choose or communicate your wishes. In a second type, you authorize another person to make those decisions for you if you become incapacitated. Federal law requires hospitals, skilled nursing facilities, hospices, home health agencies and health maintenance organizations (HMOs) serving persons covered by either Medicare or Medicaid to give you information about Advance Directives and explain your legal choices in making decisions about medical care.

The law is intended to increase your control over medical treatment decisions. Be mindful, however that state laws governing Advance Directives do differ. The health care provider is required to give you information about the laws with respect to Advance Directives for the state in which the provider is located. If you reside in another state, you may wish to gather information about your state laws from another source at the office of the state attorney general.

### **What is an Advance Directive?**

Generally, an Advance Directive is a written document you prepare stating how you want medical decisions made if you lose the ability to make decisions for yourself. The two most commonly prepared Advance Directives are:

- A “Living Will”; and
- A “Durable Power of Attorney for Health Care.”

The value of an Advance Directive is that it allows you to state choices for health care or to name someone to make those decisions for you, if you become unable to make decisions about your medical care. You can say “yes” to treatment you want, or “no” to treatment you don’t want.

### **Living Will**

A living will generally states the kind of medical care you want (or do not want) if you become unable to make your own decision. It is called a living will because it takes effect while you are still living. Most states have their own living will form available in the community, draw up your own form, or simply write a statement of your preferences for treatment. You may also wish to speak to an attorney or your physician to be certain you have completed the living will in a way that your wishes will be understood and followed.

### **Durable Power of Attorney for Health Care**

In many states, a durable power of attorney for health care is a signed, dated, and witnessed paper naming another person, such as a husband, wife, daughter, son, or close friend, as your authorized spokesperson to make medical decisions for you if you should become unable to make them yourself. You can also include instructions about any treatment you want to avoid. Some states have specific laws allowing a health care power of attorney, and provide printed forms.

### **Which is better: a Living Will or a Durable Power of Attorney for Health Care?**

In some states, laws may make it better to have one or the other. It may also be possible to have both or to combine them in a single document that describes treatment choices in a variety of situations and names someone (called your “agent” or “proxy” to make decisions for you (ask your doctor about these).

The law honoring an Advance Directive from one state to another is unclear. However, because an advance directive specifies your wishes regarding medical care, it may be honored wherever you are, if you make it known that you have an Advance Directive. But if you spend a great deal of time in another state, you may wish to consider having your Advance Directive meet the laws of both states, as much as possible.

### **Advance Directives are not Required and may be Cancelled at any Time**

You do not have to prepare an Advance Directive if you do not want one. If you prepare one, you have the right to change or cancel it at any time. Any change or cancellation should be written, signed, and dated in accordance with state law, and copies should be given to your doctor, or to others to whom you may have given copies of the original. In addition, some states allow you to change an Advance Directive by oral statement.

If you wish to cancel an Advance Directive while you are in the hospital, you should notify your doctor, your family, and others who need to know. Even without a change in writing your wishes stated in person directly to your doctor generally carry more weight than a living will or durable power of attorney, as long as you can decide for yourself and can communicate your wishes. Be sure to state your wishes clearly and be sure that they are understood.

Make sure that someone, such as your lawyer or a family member, knows that you have an Advance Directive and knows where it is located. You might also consider the following:

- If you have a durable power of attorney, give a copy or the original to your agent or proxy.
- Ask your physician to make your Advance Directive a part of your permanent medical record.
- Keep a copy of your Advance Directive in a safe place where it can be found easily, if it is needed.
- Keep a small card in your purse or wallet stating that you have an Advance Directive, where it is located and who your agent or proxy is, if you have named one.

### **Who Should Prepare an Advance Directive?**

You may want to consider preparing an Advance Directive if:

- You want your physician or other health care provider to know the kind of medical care you want or don't want if you become incapacitated.
- You want to relieve your family and friends of the responsibility, for making decisions regarding life prolonging actions.

### **Additional Information**

If you need help in preparing an Advance Directive, or if you would like more information, you may want to contact a lawyer, a nearby hospital, hospice or long-term care facility, or your state attorney general's office.

Information Provided by:  
US Department of Health and Human Services  
Health Care Financing Administration  
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1995

# Patient Health History Questionnaire

(TO BE COMPLETED BY PATIENT)

Patient Name: \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
If under age 1: Premature? Yes \_\_\_\_\_ No \_\_\_\_\_

Patient Sticker

Please review history and check all that apply.

## Respiratory

- Recent Cold
- Lung Disease
- Pneumonia
- Emphysema
- COPD
- Asthma
- Sleep Apnea
- Tuberculosis
- Abnormal Chest X-Ray
- Smoking \_\_\_\_\_ Packs Per Day

## Cardiovascular

- Heart attack: When \_\_\_\_\_
- Congestive Heart Failure
- Heart Murmurs
- Chest Pain/Angina
- Pacemaker/AICD
- High Blood Pressure
- Abnormal EKG
- Mitral Valve Prolapse
- High Cholesterol

## Muscular Skeletal

- Arthritis
- Fractured Bones
- Plates or Implants
- Back or Disc Pain
- Joint Pain or Swelling

## GI/GU

- Ulcers/ Reflux
- Irritable Bowel
- Constipation
- Diarrhea
- Nausea/Vomiting
- Hepatitis: Type \_\_\_\_\_
- Liver Problems
- Jaundice
- Kidney Disease
- Prostate Problems
- Possibility of Pregnancy
- Last Menstrual Cycle \_\_\_\_\_
- Hysterectomy

## Psychiatric/Social

- Mental Illness
- Depression
- Do you drink alcohol?  
Amount \_\_\_\_\_
- Recreational drugs \_\_\_\_\_

## Endocrine

- Diabetes
- Insulin Dependant
- Hyperthyroid
- Hypothyroid

## Infections

- Staph
- Other \_\_\_\_\_

## Neuron

- Stroke: When \_\_\_\_\_
- Transient Ischemic Attack
- Seizures
- Headaches/Migraines
- Paralysis/Weakness
- Fainting

## Blood Disorders

- Bleeding Problems
- Bruise Easily
- Anemia
- Phlebitis
- Blood Transfusions
- Sickle Cell Trait
- Mononucleosis
- HIV/AIDS

- Wear Contact Lenses
- Wear a Hearing Aid
- Wear Dentures
- Wear Partial Plates/Bridge
- Have Capped Teeth
- Have Loose Teeth
- Difficulty Opening Mouth
- Fractured Facial Bones

## Previous Surgical History

- Surgeries \_\_\_\_\_  
\_\_\_\_\_  
Date of Last Anesthesia \_\_\_\_\_  
 Abnormal Reaction to Anesthesia  
 Relatives with History of Reaction to  
anesthesia \_\_\_\_\_

PLEASE COMPLETE MEDICATION AND ALLERGY HISTORY ON REVERSE SIDE

# Bahamas Surgery Center

## Patient Medication List

Dear Patient,

In order to provide quality care for our patients it is necessary to have a complete accurate list of current medications and dosages. Please include prescription, over the counter and herbal medications.

Thank You.

Do you have any medication allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any latex allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies (please include any food, shellfish, iodine, latex, as well as medication allergies)

1. \_\_\_\_\_ Reaction \_\_\_\_\_
2. \_\_\_\_\_ Reaction \_\_\_\_\_
3. \_\_\_\_\_ Reaction \_\_\_\_\_
4. \_\_\_\_\_ Reaction \_\_\_\_\_
5. \_\_\_\_\_ Reaction \_\_\_\_\_

MEDICATION and VITAMINS	DOSAGE	HOW OFTEN	REASON FOR TAKING
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

\_\_\_\_\_  
Signature of RN Reviewing

\_\_\_\_\_  
Signature of Anesthesiologist

## Thank You for Choosing Bahamas Surgery Center

Patient Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Phone Number: \_\_\_\_\_

You will receive a call the day prior to surgery from a Registered Nurse. The nurse will give you pre-operative instructions, your time of surgery and time of arrival. Should you have any questions prior, please call the surgery center at 328-2333. If you do not hear from a pre-operative nurse before 2pm the day prior to surgery please call the surgery center.

Arrival Time: \_\_\_\_\_

Scheduled Time of Surgery: \_\_\_\_\_

Please read the enclosed, fill out the forms and bring them with you the day of surgery.

Thank You

Bahamas Surgery Center, LLC  
2400 Bahamas Drive Suite 100  
Bakersfield, CA 93309  
328-2333