GOLF SURGICAL CENTER

8901 Golf Road, Des Plaines, Illinois 60016
(847) 299-2273

MY MEDICATION LIST

Patient Name: _____ Account Number _____

Birthday _____ Date of Surgery _____

Phone _____ Surgeon _____ , _____

Preferred Pharmacy Name and Phone Number _____

Allergies or Sensitivity? (Medication, Food or Latex)	Type of Reaction

Include prescriptions, over the counter medications and supplements (examples: ginseng, gingko, vitamins)
Include medications taken as needed (example: nitroglycerin, inhalers).

Daily Medication	Dose	How Often

If you have any question concerning your home medications, please contact your prescribing physician.

Inhaler(s): If you use one at home, bring it with you the day of your surgery.
Blood Thinners: (Coumadin, Warfarin, Plavix, Aspirin) Please ask surgeon if these medications should be stopped.
Heart/Blood Pressure Medications: If you take them in the morning, they can be taken with 1 or 2 tablespoons of water the morning of surgery

DIABETICS: DO NOT TAKE your **INSULIN** or **ORAL Diabetic medicine** the day of surgery unless instructed by your internist.

Bring your **INSULIN** with you the day of your surgery.

TURNOVER FOR ADVANCE DIRECTIVES!!

GOLF SURGICAL CENTER
PATIENT CONSENT TO RESUSCITATIVE MEASURES

NOT A REVOCATION OF ADVANCE DIRECTIVES OR POWER OF ATTORNEY

All patients have the right to participate in their own health care decision and to make Advanced Directives or to execute Powers of Attorney that authorized others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. This Surgery Center respects and upholds those rights.

However, unlike in a Acute Care Hospital setting. the Surgery Center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after your surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney in fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an Acute care Hospital for further evaluation. At the Acute Care Hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive or Health Care Power of Attorney.

If you do not agree to this policy, we are pleased to assist you to reschedule the procedure.

Please check the appropriate box in answer to those questions. Have you executed an Advance Health Care Directive, a Living Will, a Power of Attorney that authorizes someone to make health care decisions for you?

- € *Yes, I have an Advance Directive, Living Will or Health Care Power of Attorney*
- € *Yes, I have an Advance Directive, Living Will or Health Care Power of Attorney, but I do not have a copy with me.*
- € *No, I do not have an Advance Directive, Living Will or Health Care Power of Attorney*
- € *I would like information on Advance Directives.*

If you checked the first box "Yes" to the question above, please provide us a copy of that document so that it may be made a part of your medical record.

By Signing this document, I acknowledge that I have read and understand its contents and agree to the policy as described.

By: _____ *Date:*_____
(Patient's/Legal guardian's signature)

You may obtain information regarding Advanced Directives at:
http://www.idph.state.il.us/public/books/advdir4.htm

and the actual forms to sign at:
http://www.idph.state.il.us/public/books/advin.htm