

McLAREN FLINT
Pre- Admission Testing Communication Summary Sheet

 NO LABS NEEDED

 Patient needs to stop in lab, notified

 Patient Arrival Time

 Registered

Allergies: _____

STAT ON ADMISSION :

[] Needs HCG / Pregnancy Test on admission.

Primary Care:

Cardiologist:

Pharmacy:

Script Given: _____ **Date:** _____

Notes:

Labs Ordered	External Source	Anes Reviewed	Test	Labs Ordered	External Source	Anes Reviewed	TEST	Labs Ordered	External Source	Anes Reviewed	TEST
			BMP				PTINR				CAROTID DOPPLER
			BUN				APTT				PFT
			HEMDF				TROP				CT SCAN CHEST
			CMP				UA				ECHO
			CREA				CURINE				ABI
			GLU				T&S				VEIN MAPPING
			HGBAICD				T&C _____ UNITS				HFP
			LYTES				12 LEAD EKG				TSH
			MRSASC				2V CHEST				TEG
			Magnesium				Other:				TEG with PLT MAPPING
			Other:				Other:				Other:

<u>DATE</u>	<u>EKG FROM OUTSIDE SOURCE</u>	<u>ON CHART</u>	<u>ANES</u>
<u>DATE</u>	<u>CHEST X-RAY FROM OUTSIDE SOURCE</u>	<u>ON CHART</u>	<u>ANES</u>
<u>DATE</u>	<u>LABS FROM OUTSIDE SOURCE</u>	<u>ON CHART</u>	<u>ANES</u>
<u>DATE</u>	<u>CARDIAC CATH/ STRESS TEST/ ECHO REPORT</u>	<u>ON CHART</u>	<u>ANES</u>
<u>DATE</u>	<u>MEDICAL EVALUATION</u>	<u>ON CHART</u>	<u>ANES</u>
<u>DATE</u>	<u>CARDIAC EVALUATION</u>	<u>ON CHART</u>	<u>ANES</u>
<u>DATE</u>	<u>MISC / EVALUATION</u>	<u>ON CHART</u>	<u>ANES</u>

	YES	NO	N/A
HISTORY & PHYSICAL (If No, notified _____ at office /Date & Time: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONSENT on Chart (or New Consent made) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABS ordered on chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIAGNOSTICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CA STAGING FORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIABETIC / Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIOLOGIST NOTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chart Assembled by: _____ UC

*** "DO NOT DISCARD THIS SHEET IS PART OF THE MED. RECORD" ***

RN: _____ Checked Chart: _____

Pre Admission Testing Summary Sheet

17857 (Rev. 6/16)



680

PT.

MR.#/P

DR.