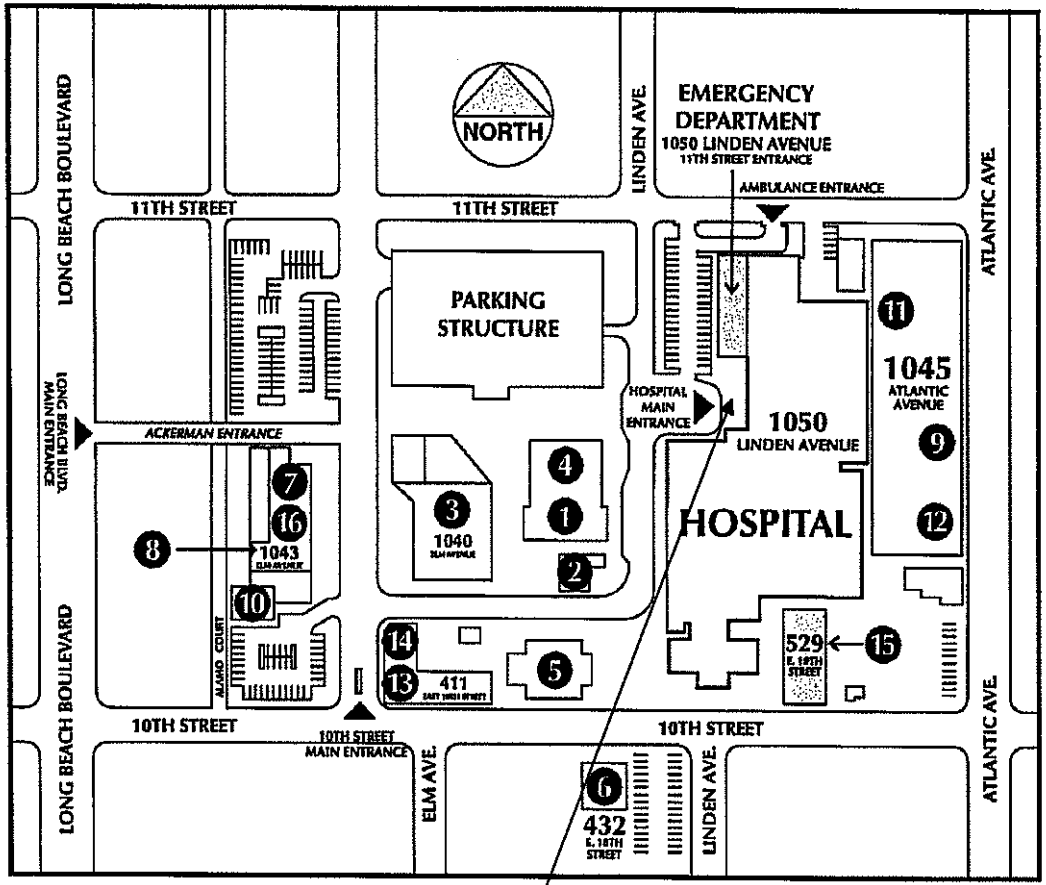
Dignity Health.
St. Mary Medical Center



LEGEND

1. HEALTH ENHANCEMENT CENTER
2. SENIOR HEALTH CENTER C.A.R.E. DENTAL
3. BREAST CENTER, Suite 102
4. LOW VISION CENTER, 2nd Floor (HEC)
5. HUMAN RESOURCES
6. ST. MARY HEALTH CENTER, BARIATRIC & SENIOR CLINICS
7. SURGICENTER, Suite 201
8. C.A.R.E. CLINIC, Suite 308
9. FAMILY MEDICINE CLINIC, Suite 708
10. RADIATION ONCOLOGY
11. ATLANTIC AVE. PHARMACY/ MEDICAL OFFICE BUILDING
12. ST. MARY FOUNDATION, Suite 618
13. FAMILIES IN GOOD HEALTH
14. C.A.R.E. PROGRAM, Suite 107
15. MARY HILTON FAMILY HEALTH CENTER
16. MEDICAL MALL PHARMACY, Suite 305

Main Hospital Entrance

Parking Rates: $1.00 each 20 minutes
$5.00 maximum
15 minutes free -drop offs or pick up

Ambulatory Care Center (Short Stay):
1050 Linden Avenue, 2nd Floor
Long Beach, CA 90813
(562) 491-9805

Directions from the 710 Freeway

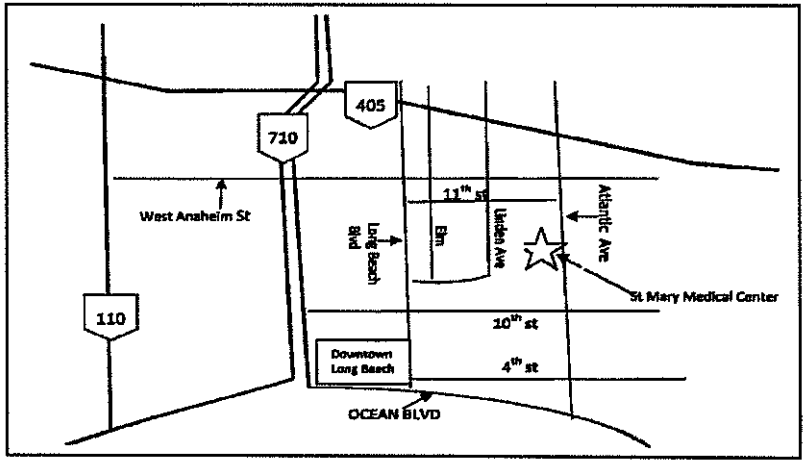
Travel South on the 710 Long Beach Freeway.
Stay to the left. Exit 6th Street
Left onto Long Beach Blvd. Pass 10th Street
Enter the campus from Long Beach Blvd.

Directions from 405 Freeway

Exit Atlantic Ave , Go South
Right on 10th St. Enter campus on Right
Physician Center Building on Left side

In the Hospital Main Lobby

Check in at the lobby "Information Desk"
They will direct you to the Ambulatory Care Center (Short Stay), on the second floor adjacent to the operating room



Please provide your anesthesiologist with the following information to help plan your anesthetic management. Check the appropriate squares.
Por favor proveer a su anestesiólogo informacion para ayudar a planear su anestesia. Marque el cuadro apropiado

Anesthetic History Hystoria Sobre Anestesia

	Yes Si	No No	Don't Know No Sé
1. Have you ever had an operation? (Include childbirth, dental work, etc.) **¿Usted ha tenido operaciones anteriormente (Incluyendo nacimiento de bebe ó dental etc)**	☐	☐	☐

Type of operation: **Que clase de operacion** Type of Anesthesia: **Que clase de anestesia**

_____ _____

_____ _____

_____ _____

	Yes Si	No No	Don't Know No Sé
2. Have you ever had complications or problems with anesthesia or surgery? **¿Usted a tenido complicaciónes con anestesia o alguna operacion**	☐	☐	☐

Please list: **Haga una lista por favor**

_____

_____

	Yes Si	No No	Don't Know No Sé
3. Has anyone in your family had problems with anesthesia or surgery? **¿Alguien de su familia a tenido complicaciónes con anestesia o operaciones**	☐	☐	☐

Please list: **Haga una lista por favor**

_____

_____

Medical History Historia Medica

	Yes Si	No No	Don't Know No Sé
1. Do you take any medications or hormones: (including non-prescription medications **¿Usted toma medicinas o hormonas**	☐	☐	☐

Please list: **Haga una lista por favor**

_____ _____

_____ _____

_____ _____

	Yes Si	No No	Don't Know No Sé
2. Are you allergic to any medications? **¿Usted es alergico a alguna medicina**	☐	☐	☐

Please list: **Haga una lista por favor**

_____ _____

_____ _____

_____ _____

	Yes Si	No No	Don't Know No Sé
3. Do you smoke? (cigarette, pipe, cigar) **¿Usted fuma (cigarro, pipa)**	☐	☐	☐

How much per day? _____ How many years? _____
Cuantos por dia _____ **Por cuantos años** _____

	Yes Si	No No	Don't Know No Sé
4. Do you have dentures, bridges or loose dental work? **¿Tiene dentadura postiza o dientes fiojos, puentes**	☐	☐	☐

	Yes Si	No No	Don't Know No Sé
5. FOR WOMEN ONLY: Could you be pregnant? **¿Para mujeres solamente: Puede usted estar embarazada?**	☐	☐	☐

(continued on reverse side)
(Continua al reverso)

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HISTORY FOR ANESTHESIA SERVICES

ANESTHESIA

Have you had any of the following problems?
Usted tiene ó a tenido estos problemas

Cardiovascular / Del Corazon

	Yes Si	No No	Don't Know No Sé
High blood pressure Alta presion	☐	☐	☐
Low blood pressure baja presion	☐	☐	☐
Chest pain (Angina) Dolor en el pecho	☐	☐	☐
Heart Attacks A tague al corazon	☐	☐	☐
Irregular heart beat Palpitasiònes irregulares	☐	☐	☐
Heart surgery or pacemaker Operaòion en el corazon o marcapasos	☐	☐	☐
Heart murmur Murmullo	☐	☐	☐
Anemia Anemia	☐	☐	☐
Leukemia or blood disorders Leusemia o desordenes de la sangre	☐	☐	☐
Bleeding disorders Problemas de sangramiento	☐	☐	☐

Pulmonary / Del Pulmon

	Yes Si	No No	Don't Know No Sé
Asthma (Wheezing) Asma, respirar con dificultad	☐	☐	☐
Bronchitis Bronquitis	☐	☐	☐
Emphysema onfisema	☐	☐	☐
Pneumonia Neumonia	☐	☐	☐
Lung cancer or surgery Cancer en el pulmon o sirugia	☐	☐	☐
Tuberculosis Tuberculosis	☐	☐	☐

Endocrine / De la surgre

	Yes Si	No No	Don't Know No Sé
Diabetes Diabetis	☐	☐	☐
Hypoglycemia Azucar baja	☐	☐	☐
Thyroid condition Problemas de la tiroides	☐	☐	☐

Neurologic / De la Cabeza

	Yes Si	No No	Don't Know No Sé
Seizures or convulsions Convulsiones	☐	☐	☐
Strokes Derrame cerebral	☐	☐	☐
Head injunes Golpes en la cabeza	☐	☐	☐
Nerve injury or paralysis Nervios danados o paralisis	☐	☐	☐

Gastro-intestinal / Del Estomago

	Yes Si	No No	Don't Know No Sé
Nausea or vomiting (Recently) Nausea, vomito recientemente	☐	☐	☐
Hiatal hernia Hernia en el esofago	☐	☐	☐
Diarrhea Diarrea	☐	☐	☐
Liver problems (hepatitis, jaundice) problemas del higado epatitis	☐	☐	☐

Renal / Rinones

	Yes Si	No No	Don't Know No Sé
Kidney Failure Su rinon no le funciona	☐	☐	☐
Kidney infections or stones Infecsión en el rinon	☐	☐	☐
Prostate surgery or trouble Problemas o sirugia en la prostata	☐	☐	☐

Other systems / Otros problemas

	Yes Si	No No	Don't Know No Sé
A.I.D.S or HIV positive SIDA o VIH positiva	☐	☐	☐
Back problems or surgery Problemas o sirugia en la espalda	☐	☐	☐
Headaches or migraines Dolores de cabeza o migranas	☐	☐	☐
Recent virus, flu or fevers Resfriado recientes grupe o fievre	☐	☐	☐
Cancer Cancer	☐	☐	☐
Drug/Alcohol abuse Abuso de Alcohol ó drogas	☐	☐	☐

Modern anesthesia carries some risks to all people but some patients these risk may be minimal and each patient can reap some of the benefits of an anesthetic management specifically designed for them. However, every type of pain relief (anesthesia) has a certain risk which is known by your doctors and related specifically to your condition. In most cases, these risks are small. Nevertheless, recent changes in the law of California require that doctors must inform you of the risk of death or serious bodily harm and alternative procedures unless you request not to know these risks.

☐ I request and desire that no further description of the risks of anesthesia be provided other than a brief discussion of the anesthesia management of my care.
I further understand that the type of anesthetic drugs or methods will be chosen by the anesthesiologist and that the drugs or methods may have to be changed depending on my clinical condition.
I, further, request that the anesthesiologist administer the anesthetic of his/her choice for the operation or procedure.

☐ I desire to have a detailed and full discussion of the anesthetic risk as applied to my condition.

La anestesia moderna tiene ciertos riesgos. Algunos de los riesgos son minimos y son conocidos por su medico. han cambiado ciertos leyes recientemente en California. Estos cambios requieren que su medico le informe sobre el riesgo de muerte, problemas que la anestesia puede causar a su salud y informarle sus alternativas, a menos que usted no quiera saber informacio sobre los riesgos.

☐ No deseo ninguna informacion sobre los riesgos de la anestesia que van a utilizar en mi caso. Simplemente desea una explicacion breve de la anestesia. Ademas, comprendo que el tipo de anestesia o medicamentos seran seleccionados por el Anestesiolgo y las medicinas y los metodos pueden ser alterados depende de mi condicion.

☐ Deseo informacion con detalle y descusion sobre los riesgos de la anestesia que aplica a mi condicion.

Date & Time / Fecha/Hora _____ Patient Signature / Firma _____