

**Prof. Eoin O'Malley National Centre for Cardiothoracic Surgery  
Mater Misericordiae University Hospital  
Preadmission Checklist**



Tel: 01 8032164

Fax: 01 8034773

Name: \_\_\_\_\_ G.P.: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Referring Hospital MRN: \_\_\_\_\_ Referring Cardiologist: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Weight \_\_\_\_\_ Referring Hospital: \_\_\_\_\_

Scheduled Surgery Details: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Proposed Surgery Date: \_\_\_\_\_  Inpatient  Home (Please tick)

Angiogram Date: \_\_\_\_\_ Where done: \_\_\_\_\_ Angio No: \_\_\_\_\_

Echo Date: \_\_\_\_\_ Where done: \_\_\_\_\_ Echo No: \_\_\_\_\_

Previous Cardiac Surgery:  NO  YES Details: \_\_\_\_\_

**Comorbid Medical Problems**

Respiratory Problems: COAD  NO  YES

Diabetes:  NO  NIDDM  IDDM

Renal Impairment (Creatinine > 115):  NO  YES

Previous History of Stroke/TIA:  NO  YES

Myocardial Infarction:  NO  YES; Date of MI \_\_\_\_\_

Dental Consultation:  NO  YES

On Drugs: PLAVIX  HEPARIN  WARFARIN  ASPIRIN

Carotid Doppler's Results: \_\_\_\_\_

Mobility:  No Problems  Has Problems; Please clarify: \_\_\_\_\_

Any Physical Abnormality/Loss:  NO  YES; Please clarify: \_\_\_\_\_

**Social** : (Please tick appropriate category)

Patient lives alone  NO  YES