



The Surgery You Need in the Setting You Want

Patient Information Collection & Consents

The following packet is to be reviewed and completed by our patients and/or their certified guardian or caregiver prior to your surgery at Sterling Surgical Hospital. Each of these forms can be completed on-site, but completing them in advance will greatly decrease the amount of time needed to register on the day of your procedure.

Please review and complete each of the forms listed below in this packet to the best of your ability, and bring them with you either the day of your procedure or during your pre-admission visit. If you have any questions about any of the forms, please don't hesitate to reach out to our Patient Navigator at 985.690.8200 for assistance.

Below is a list of each form with a description:

- **Pre-Operative Questionnaire:** This four page questionnaire is required by our clinical staff to assess your patient history prior to your surgery. Please fill it out to the best of your ability. If you have questions or concerns about a specific question, our nursing staff will go over it with you in detail the day of your surgery.
- **Consent and Acknowledgement Form:** This is a patient's consent for treatment here at Sterling Surgical Hospital. It details the patient's responsibility and authorizations needed by the hospital staff in order for your surgery to take place.
- **Post-Discharge Call Back:** Our nursing staff will reach out to you within one week of your procedure to follow up on your condition. Our staff is only allowed to speak to you, the patient, about your condition unless you give permission to us to speak to anyone else. Please check and list whom, if anyone, you would like to include on this authorization form.
- **YPS Anesthesia Consent to Treat:** This consent allows Sterling Surgical Hospital to share your medical information with our contracted anesthesia group. This consent must be completed prior to your surgery.
- **Medicare Secondary Payer Manual (MSP): MEDICARE PATIENTS ONLY.** The following questionnaire contains questions to ask Medicare beneficiaries upon each inpatient and outpatient admission. Providers may use this as a guide to help identify other payers that may be primary to Medicare. Instructions are listed after the questions to facilitate transition between questions. The instructions will direct the patient to the next appropriate question to determine MSP situations.