

YOUR PREOPERATIVE TELEPHONE INTERVIEW



Lake Region
HEALTHCARE

SURGICAL SERVICES

712 Cascade St. S | Fergus Falls
(218) 736-8000

You have been scheduled for surgery at Lake Region Healthcare. In order to provide you with the best possible care, we will need some detailed information about your medical and surgical history. In addition, there is some important information we want you to know. This information sharing happens during the preoperative telephone interview.

You will receive a pamphlet called Preparing for Surgery from your surgeon with detailed information about preparing for your surgery. A copy of this information can be found at (put link). Please read it carefully. If you have questions about any of this information, please discuss them with your nurse during your preoperative interview.

HOW WILL I BE CONTACTED?

- Your surgeon's office will arrange for a nurse from Lake Region Healthcare to call you for your interview.
- Interviews are routinely conducted two days prior to your surgery and usually take about 15 minutes.

WHAT IF I AM NOT AVAILABLE WHEN THE NURSE CALLS?

- If you received a message from the nurse or if your surgery day is approaching and you have not heard from a nurse about your interview, please call 736-8185. If you are leaving a message, please give your name, date of birth, date of surgery, a call-back number, and a time that it would be best to call you back.

WHAT SHOULD I DO TO PREPARE FOR THE INTERVIEW?

- Please write down the following information and have it available for your telephone interview:
- A list of all medicines you are taking. Include the dose and when you take each one. Please include prescription medicines, non-prescription medicines, vitamins, herbs, and supplements.
- All known allergies and/or reactions to any medicines.
- Your past health problems and/or surgeries.
- Your questions or any concerns you may have about your surgery.

WHAT WILL THE NURSE DISCUSS?

- The nurse will ask you questions about your health history and will give you important information about your surgery. You will be told how to prepare for your surgery and what to expect on the day of surgery. You may be asked information that is already in your record. This is to be sure everything is still accurate and all your providers have complete information about you.

We hope this information will help you as you prepare for your surgery. If you have any further questions about this process, please call 736-8185.

Name: _____ Date of Birth: _____

Medication Record

Use this form to record information about **everything** you take at home. This includes prescription medicine, non-prescription medicine, vitamins, herbs and supplements. Record allergies in the box provided below.

I AM ALLERGIC TO:

NAME OF MEDICINE (include prescription and non-prescription medicines, vitamins, herbs, and supplements)	DOSE	WHEN YOU TAKE IT (approximate times)	WHY YOU TAKE IT
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
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