



WOODSTOCK HOSPITAL
Woodstock, ON

PREANESTHETIC PATIENT AGREEMENT

PIN NUMBER

VISIT NUMBER

PATIENT LAST NAME

PATIENT 1ST NAME

PATIENT MIDDLE NAME

TELEPHONE

DOB MMM DD YYYY

AGE

SEX

ONT HEALTH CARD NUMBER

FAMILY PHYSICIAN

1. I agree to the following:

- I will **NOT** use any recreational drugs for 1 week before my surgery
- I will **NOT** eat anything or chew gum 8 hours before my surgery. If I do, my surgery will be cancelled. I may brush my teeth. Clear fluids (water or apple juice) may be given until 3 hours before arriving

Exceptions:

- Breast milk may be given until 4 hours before surgery
- Infant formula may be given until 6 hours before surgery

2. I agree to only take medications that I have been instructed to take

3. I agree to avoid driving, operating machines or power tools, do dangerous activities, make legal or financial decisions for 24 hours after surgery

4. I agree to arrange for a responsible person to take me home

5. I am aware that if complications arise, I may be admitted to hospital

6. I will contact my surgeon or proceed to the nearest Emergency Department if any problems occur after discharge from hospital

I have read these instructions or have had them explained to me. I understand and agree with them.

Signature of Patient or Substitute Decision Maker: _____

If Substitute Decision Maker, printed name and relationship: _____

Nurse Signature: _____

Date: _____
(mm, dd, yyyy)

Time: _____