To Our Patients:

We are pleased to have the opportunity to welcome you to the University of Colorado Health Sciences Center.

The University of Colorado Hospital is the largest teaching and research hospital in the Rocky Mountain Region. Services range from primary care offered in various outpatient care locations, to the most acute hospital cases in the region. The physicians and faculty are world renowned medical researchers and all offer the latest available diagnoses and treatments in their specialties.

**Billing Information**

University of Colorado Hospital based practices are legally obligated to bill as a facility and do not submit claims in the same manner as a freestanding physician owned practice. Visits are billed in two parts. The facility portion is billed by University of Colorado Hospital and the medical provider’s professional fees are billed by University Physicians, Inc. Bills are submitted and processed as outpatient visits. Please contact your health insurance provider directly if there are questions regarding receiving care in a hospital based practice.

**Reminder**

If you have been seen outside of the University of Colorado Hospital for this condition and have not had your records sent, please bring any relevant medical information. This could potentially include: notes, lab results, x-rays, ultrasounds, MRIs and a list of all medication with dosages. If there is a medical history form enclosed, please complete and bring it with you. Additionally, please bring your insurance card, co-pay and photo identification.

**Your appointment information is listed below.**

- **Provider:** ________________________________________
- **Date and Time:** ________________________________
- **Specialty:** ______________________________________

Thank you for choosing the University of Colorado Hospital for your health care needs. We look forward to serving you.
Automatic Teller Machines
Automatic Teller Machines (ATMs) are available on the first floors of the Anschutz Outpatient Pavilion and Anschutz Inpatient Pavilion.

Cashier (OP1020)
If you would like to make a payment on either your University of Colorado Hospital bill or your University Physicians, Inc. bill while you are at the Anschutz Centers for Advanced Medicine, you are welcome to do so in the Cashier’s Office located on the first floor of the Anschutz Outpatient Pavilion.

Conference Rooms
Conference rooms for health care-related meetings are located on the second floor of the Anschutz Outpatient Pavilion. These rooms are accessible to individuals with disabilities.

Courtyard Café
Hot meals, beverages, sandwiches and a salad bar are available in the Courtyard Café on the first floor of the Anschutz Outpatient Pavilion.

Lobby Latte
Located on the first floor of the Anschutz Outpatient Pavilion, the Lobby Latte serves hot drinks and fresh pastries. Monday – Friday, 6:30 a.m. – 4 p.m.

Employment
Interested in working in a world-class medical facility? See University of Colorado Hospital's job openings on our Web site at www.uch.edu/employment or visit the Human Resource Department located at 11th Avenue and Ash St. in Denver. The address is 4210 11th Avenue #100, Denver, CO 80262. Please call 303-372-5333 for more information or fax your resume to 303-372-5344.

Financial Counseling (OP1020)
Financial Counseling is located on the first floor of the Anschutz Outpatient Pavilion.

Gift Shop
A gift shop selling assorted sundries, flowers and small gifts is located on the first floor of the Anschutz Outpatient Pavilion. The shop is operated by hospital volunteers with all proceeds benefiting charitable programs within the hospital. Monday – Friday, 9 a.m. – 3:55 p.m.

Patient Resource Center
Located directly off the main lobby of the Anschutz Centers for Advanced Medicine, this staffed, full-service library offers up-to-date health information through books, magazines, medical journals and computers that can access the Internet. Monday – Friday, 8 a.m. to 4 p.m., depending on staff availability (holidays excluded).

Pharmacy (OP1011)
For the convenience of our patients, a pharmacy is located on the first floor of the Anschutz Outpatient Pavilion. Prescriptions from your University of Colorado Hospital provider can be filled here. Monday – Friday, 9 a.m. – 6 p.m.

Telephones and Vending Machines
Pay telephones and vending machines are located on each floor near the patient restrooms.

Restrooms
Restrooms are located on each floor next to the elevator banks. All are accessible to people with disabilities.

Transport
Our main entrance greeters can provide you with a wheelchair escort. Check in with the reception desk upon arrival at the Anschutz Centers for Advanced Medicine.

Helpful Phone Numbers
- Admissions: 720-848-4251
- Billing Questions (hospital): 800-275-7014
- Billing Questions (physician): 303-493-7000
- Blood Donor Center 720-848-1230
- Food Service: 720-848-4052
- Gift Shop: 720-848-1399
- Information Desk/Guest Services: 720-848-4011
  (7 a.m. – 8 p.m. Mon–Fri & 9 a.m.–8 p.m. Sat & Sun)
- Operator: 0
- Patient Information: 720-848-4041
  (after 8 p.m. 720-848-0000)
- Patient Representation: 720-848-4222
- Pharmacy: 720-848-4083
- Social Services: 720-848-4216
- Spiritual Care Services: 720-848-4063
- University of Colorado Hospital Foundation 303-724-5309
- Volunteer Office: 720-848-1886
University of Colorado Hospital

PRE-PROCEDURE and ADMISSION SCREENINGS

PATIENT INFORMATION

Home phone __________________________ Work phone __________________________ Local/cell phone __________________________
Would it be best to call you at ☐ home ☐ work ☐ Can we leave a message? ☐ Yes ☐ No
Home Address __________________________ City __________________________ State ________ E-mail __________________________
Primary care physician __________________________ Phone __________________________ Fax __________________________
Emergency contact __________________________ Phone __________________________ Relation __________________________

ADMISSION SCREENINGS

ALLERGIES   Reaction   Reaction   Other Allergies   Reaction
☐ No known
☐ Penicillin
☐ Sulfur
☐ Contrast dye
☐ Latex
☐ Fish/shellfish
☐ Avocado
☐ Chestnuts
☐ Banana
☐ Kiwi

Nutrition Screening
☐ Unable to eat ☐ Pregnant ☐ Breast-feeding
☐ > 5 lb wt loss last 3 months
☐ Trouble swallowing or chewing problems
☐ Special diet __________________________
☐ No items apply

Psycho/Social
Are you presently seeing a mental health worker for counseling? ☐ No ☐ Yes

Do you smoke? ☐ No ☐ Yes Ever smoked? ☐ No ☐ Yes
If so, __________ packs / per day / for __________ yrs
Quit in the last 12 months ☐ No ☐ Yes
Are you interested in information to help you quit smoking? ☐ No ☐ Yes

Do you drink alcohol? ☐ No ☐ Yes
how much __________ how long __________

Are you currently using recreational drugs? ☐ No ☐ Yes

Have you ever been abused physically, verbally or sexually harmed or felt threatened by someone at home/work? ☐ No ☐ Yes
You will be given a brochure if YES is checked

Spiritual
Is there anything we need to know about your values / beliefs in order to provide good care for you?
☐ No ☐ Prayer ☐ Sacraments ☐ Religious reading
☐ To see my own faith representative ☐ Dietary needs
☐ Blood/drug restrictions

Do you have any body piercing? ☐ No ☐ Yes If so, where __________________________

Have you ever been told you have an infection that is resistant to antibiotics? ☐ No ☐ Yes
If yes, ☐ MRSA ☐ VRE ☐ other __________ ☐ Don’t know
If patient answers yes, send notification to UCH Infection Control Team
## PREPROCEDURE SCREENING

**Have you or anyone in your family had problems with general anesthesia?**
- [ ] no
- [ ] yes
  If yes, describe ________________________________________________________________

**Do you have or have you had?**
- [ ] problems bending your neck
- [ ] problems opening your mouth
- [ ] head injury / seizure disorder
- [ ] stroke / TIA ("mini stroke")
- [ ] liver disease / hepatitis
- [ ] diabetes
- [ ] kidney disease
- [ ] thyroid disease
- [ ] rheumatoid arthritis

**Are you**
- [ ] Under the care of a heart doctor

Name ____________________________________________

Phone # ________________________________

- [ ] No items apply

**List past surgeries**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date</th>
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<tbody>
<tr>
<td>Sleep apnea</td>
<td>Date</td>
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<tr>
<td>Use CPAP</td>
<td>Date</td>
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<tr>
<td>Heart attack</td>
<td>Date</td>
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<tr>
<td>Heart surgery</td>
<td>Date</td>
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<tr>
<td>Blood clots</td>
<td>Date</td>
</tr>
<tr>
<td>Pacemaker/internal defibrillator</td>
<td>Date</td>
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<tr>
<td>Abnormal EKG</td>
<td>Date</td>
</tr>
<tr>
<td>Abnormal heart stress test</td>
<td>Date</td>
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</tbody>
</table>

**Enter date of last vaccination:**
- Pneumonia
- Flu
- Tetanus

**Current Home Medications**
(Include prescriptions, herals, over-the-counter drugs, inhalers, patches, pumps, etc.)

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Indication</th>
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**PATIENT SIGNATURE**

The above information has been reviewed and verified with the patient.

Date ____________________

**RN SIGNATURE**

Date ____________________