



CRH PSAT Triage Questionnaire

This form is to be completed and faxed with the CRMC or VB ASC Surgical Posting Form

PATIENT NAME:_____

DATE OF BIRTH:

PATIENT'S BEST NUMBER TO CALL:_____

STEP 1

Answer YES to ANY of these questions = PSAT Telephone Interview

If Yes to any of the 4 questions, STOP and post as PSAT Phone Interview. If No to all, continue to Step 2

| | QUESTIONS | YES | NO |
|---|---|-----|----|
| 1 | Is the patient under the age of 13? | | |
| 2 | Is patient having cataract surgery? | | |
| 3 | Is patient in nursing, rehab, or correctional facilities? FL2, Med list, Adv Dir | | |
| 4 | Is patient having an endoscopy procedure AND did not answer yes to any of the 7 questions in Step 2 | | |

STEP 2

Answer YES to ANY of these questions = PSAT visit

If Yes to any of these 7 questions, schedule PSAT visit. If NO to all, continue to Step 3

| | QUESTIONS | YES | NO |
|---|--|-----|----|
| 1 | Does patient have heart problems (history of congenital heart disease, chest pain, heart attack, heart | | |
| | (coronary) stents, heart failure, valve problems, bypass surgery, irregular heartbeat), history of | | |
| | stroke or aneurysm? Cardiologist name/#: | | |
| 2 | Does patient have breathing problems (COPD, emphysema, chronic bronchitis) or use oxygen at | | |
| | home? Pulmonologist name/#: | | |
| 3 | Does patient have a pacemaker or defibrillator? | | |
| 4 | Does patient have kidney failure requiring any type of dialysis? | | |
| 5 | 5 Does patient take any blood thinners other than Aspirin? (Coumadin, Pradaxa, Plavix, Effient, | | |
| | Brillinta) | | |
| 6 | Does patient require admission to the hospital post-operatively (Total Joint, Enhanced Colorectal, | | |
| | Bariatric, etc.)? | | |
| 7 | Surgeon requests PSAT visit (high risk OB, BMI>45, medical issues not meeting specific criteria) | | |

STEP 3

Answer YES to 2 or more of these questions= PSAT visit

If Yes to 2 or more of these 4 questions, schedule PSAT visit.

If Yes to only 1 of these questions OR No to all questions, post as PSAT phone interview

| | QUESTIONS | YES | NO |
|---|--|-----|----|
| 1 | Does patient have high blood pressure? | | |
| 2 | Does patient use Insulin for diabetes? | | |
| 3 | Does patient have sleep apnea? | | |
| 4 | Does patient have difficulty to climb a full flight of stairs without shortness of breath? | | |

Phone Interview

On-Site Visit

| CRMC PSAT | Phone: 757-312-6142 | Fax: 757-312-6297 |
|--------------------|---------------------|-------------------|
| VB ASC PSAT | Phone: 757-312-6896 | Fax: 757-312-6877 |
| | 757-312-6691 | |