

Patient checklist

Our procedure is scheduled for _____
date and time

We should arrive at _____ a.m. / p.m.
(as told to me by the pre-screening nurse the day before procedure)

30-5 DAYS BEFORE

- _____ My child's laboratory tests/blood work are completed, **if needed**.
- _____ My child has received a physical exam and medical history.
- _____ I verified my child's insurance information by speaking with a Children's Memorial insurance representative:
 - **Lincoln Park:** Business Associate; 773.880.4273; 7 a.m.–6 p.m.; M–F
 - **Glenview:** Central Registration; 847.657.5626; 7 a.m.–6 p.m.; M–F
 - **Westchester:** Registrar; 708.836.4803 (or 708.836.4804); 7 a.m.–5 p.m.; M–F
- _____ We attended the pre-surgical program or viewed the DVD/VHS tape.
 - **Lincoln Park:** 773.880.4114
 - **Westchester:** 773.836.4800

DAY BEFORE

- _____ My child's laboratory test results, history and physical have been faxed to the location of procedure *(if the labs were not done at Children's Memorial)*:
 - **Lincoln Park:** 773.880.6633
 - **Glenview:** Please do not fax; bring a copy of the results with you on the day of surgery
 - **Westchester:** 708.836.4907
- _____ I spoke to the pre-screening nurse about my child's health history, including if my child has a fever, cough, cold or has been exposed to chickenpox, measles or mumps.
- _____
 - **Lincoln Park:** I spoke with pre-screening nurse to confirm arrival time and received further instructions.
 - **Glenview:** The nurse will contact you the day before surgery.
 - **Westchester:** I called the Outpatient Surgery Unit at 708.836.4853 between 9 a.m.–3 p.m., M–F to confirm arrival time and received further instructions.
- _____ I gave my child a bath/shower and shampoo.
- _____ I stopped feeding my child food, candy or gum at midnight the night before as instructed by the pre-screening nurse.
- _____ I stopped giving my child clear liquids at _____ (as told to me by the pre-screening nurse on the phone).
- _____ I packed my child's favorite toy, blanket, nipples, bottles, etc.
- _____ I packed insurance information: _____ policy identification card
_____ referral form *(if needed)*
_____ claim form *(if needed)*

DAY OF

- _____ We/I arrived at the time the pre-screening nurse gave us.
- _____ We/I checked in at the lobby front desk.
- _____ I received instructions about follow-up care.

DAY AFTER

- _____ I followed the instructions given to me by my child's nurse.
- _____ I scheduled a follow-up appointment with the appropriate physician's office, if directed to do so.