

LATEX ALLERGY QUESTIONNAIRE

CNU-017 (1-12) Page 1 of 1



NN0002

This Latex Allergy Questionnaire is a screening tool – it is not meant to be diagnostic. A careful history may help to identify patients at high risk for the development of latex allergy (ex. co-existing hay fever and food allergy). For those patients with known diagnosis of latex allergy or for whom there is a high suspicion of latex sensitization, latex precautions will be instituted.

	YES	NO	NEVER EXPOSED	IF YES, PLEASE EXPLAIN
Have you ever been diagnosed with latex or rubber allergy?				
Have you ever had a strong allergic reaction (Anaphylaxis) or other reactions during a medical or dental procedure?				
Have you ever had a severe reaction, itching, swelling or difficulty breathing after handling/using rubber or latex products such as:				
Balloons				
Gloves				
Clothing with Elastic or Spandex				
Elastic Bandages				
Paint Products				
Poinsettia Plants				
Enemas				
Catheters				
Condoms				
Stamps				
Do you get mouth itching or allergic reactions with:				
Avocados				
Bananas				
Kiwi, Passion Fruit or Tropical Fruits				
Chestnuts				
Have you been diagnosed with Spina Bifida?				
Have you ever required frequent urinary tract catheterization/enemas?				

Latex Allergy is suspected

The following physicians and clinical areas were notified: _____

Information obtained from: Patient Family Member Unable to obtain information

Health Professional Signature: _____ Date: _____ Time: _____ AM/PM

OUTPATIENT MEDICATION LIST
 CNU-092 (3-16)S



ME2015

List all prescriptions and over the counter medications such as vitamins, aspirin, acetaminophen, or herbal supplements (Ginseng, St. John's Wort, etc.). Include prescription medication taken as needed. Contact family or primary care physician for detail as needed. Do not use Unacceptable Abbreviations including: U, IU, QD or qd, QOD, MS, or MS04, TIW or tiw, AS, AD, AU, OS, OD, Trailing zero (x.0 mg), lack of leading zero (.x mg).

ALLERGIES: _____

Medication Being Taken at Home	Dose	Route	Frequency	Last Dose Taken Date/Time
Signature:	Date:	Time:	am/pm	

ADDENDUM / UPDATE:

Medication Being Taken at Home	Dose	Route	Frequency	Last Dose Taken Date/Time
Signature:	Date:	Time:	am/pm	

DISCHARGE/SERVICE COMPLETION

No changes in current medications Patient admitted

New Medications Ordered by Physician/LIP: _____

Other Medication Instructions Ordered by Physician/LIP (Stop / Hold or Resume): _____

Signature: _____ Date: _____ Time: _____ am/pm

For your safety, always bring your current medication list with you to all of your physician visits & also if your return to the hospital.



OP5206

Ultrasound Guided Biopsy: Left Right MRI Biopsy: Left Right Stereotactic Biopsy: Left Right

Date of Procedure: _____ Arrival Time: _____ Appt Time: _____

1. All patients are responsible to get precertification and/or preauthorization for biopsies. Pre-registration will contact you at least 2 business days before your biopsy. If they do not reach you, please call the pre-registration desk at 732-897-7979.
2. Please take all prescribed medications except:
 - a. You need to contact your physician if you are taking Coumadin, Plavix or another anticoagulating medication to determine if it is safe to stop temporarily.
 - b. Do NOT take any ASPIRIN or aspirin products for 5 days prior and 3 days after biopsy, including: Advil, Motrin, Ibuprofen, Aleve (Naproxen) or Alka- Seltzer. *Refer to the back of this form for additional medications.*
 - c. Contact the Nursing Line with your physician's recommendations. If you do not contact our nurse, your biopsy may be delayed.
3. You may take Tylenol or Tylenol Extra Strength for pain relief.
4. You should eat a light meal the day of your biopsy.
5. Bring in a comfortable bra (preferably without an under wire). You will need to wear a bra for 48 hrs after the procedure.
6. You may drive yourself; however, if you need to take an anti-anxiety medication, you must have a driver to and from the hospital. We do not prescribe or dispense these medications,
7. Discharge Instructions (more detail will be provided at discharge):
 - a. You will have shower/bathing restrictions. The biopsy dressing(s) needs to be kept dry for 48 hrs post procedure.
 - b. No strenuous activity, i.e. no lifting anything over 5 lbs for 2 days after procedure.
8. If you have any questions contact the nurse in the Women's Center where you will be having your procedure:
Riverview Women's Center - (732) 530-2308 Bayshore Women's Center - (732) 497-1870

Additional Instructions: _____

CONFIRMED HEIGHT/WEIGHT PER EQUIPMENT REQUIREMENTS

Biopsy Instruction Packet given to Pt: YES NO MAILED/FAXED: _____ Date: _____

Instructions provided by: _____ Date: _____ Time: _____ AM / PM

Patient Signature: _____ Date: _____ Time: _____ AM / PM

**WOMEN'S CENTER
BREAST BIOPSY PREPARATION**

70308-012CX (4-14)S PAGE 2 OF 2



OP5206

Tylenol or Tylenol Extra Strength are acceptable pain relievers before and after procedure.

If you are on medications such as anti-coagulants (e.g., Coumadin) or anti-depressants (e.g., nardil) you must inform the nurse in Women's Center.

Some common products, including medications that contain aspirin or ibuprofen, which may impair blood clotting:

Advil	Arthritis Pain Formula	Darvon Compound	Fiorinal
Alka Seltzer	Ascriptin	Ecotrin	Midol
Aleve	Aspergum	Empirin	Nuprin
Anacin	Bayer- Time release	Excedrin	Percodan
Bufferin	Excedrin PM	Sine-Aid	

Nutritional supplements which may impair blood clotting:

Fish Oil, Garlic, Ginko-Biloba, Gotu Kola, Horse Chestnut, Vitamin C, Vitamin E and St. John's Wort

Women's Center at Riverview Medical Center

The Women's Center would like to call you with your biopsy results and follow-up recommendations.

In addition to calling you with your biopsy results a copy of your pathology report will be sent to your referring physician.

May we leave a message with your results?

YES

NO

What is the best number to reach you?

_____ CELL or HOME

Signature

Date



1 Riverview Plaza
Red Bank, NJ 07701

Nurses

Phone # 732-530-2308
Fax # 732-345-2013

Patient Name: _____ D.O.B. _____

CPT CODE	Procedure
<input type="checkbox"/> 76942-26	Ultrasonic guidance for needle
<input type="checkbox"/> 10021	Fine needle aspiration without imaging guidance
<input type="checkbox"/> 10022	Fine needle aspiration with imaging guidance
<input type="checkbox"/> 19000	Puncture aspiration of cyst
<input type="checkbox"/> 19001	Puncture aspiration of cyst/add'l
<input type="checkbox"/> 19083	Ultrasound guidance for Core bx or Vacuum Assisted (clip and post mammo) 1 st Lesion
<input type="checkbox"/> 19084	Ultrasound guidance for Core bx or Vacuum Assisted (clip and post mammo) add'l lesions
<input type="checkbox"/> 19081	Stereotactic Biopsy/Tomo Biopsy(stereo/Tomo guidance,vac assisted,clip,specimen, Post Mammo) 1 st lesion
<input type="checkbox"/> 19082	Stereotactic Biopsy/Tomo Biopsy(stereo/Tomo guidance,vac assisted,clip,specimen, Post Mammo) Additional lesion
<input type="checkbox"/> 19281	Mammographic or Tomo guidance for needle loc (placement of wire) 1 st Lesion
<input type="checkbox"/> 19282	Mammographic or Tomo guidance for needle loc (placement of wire) additional lesions
<input type="checkbox"/> 19285	Ultrasound guidance for needle loc (placement of wire) 1 st Lesion
<input type="checkbox"/> 19286	Ultrasound guidance for needle loc (placement of wire) additional lesions
<input type="checkbox"/> 19287	MRI guidance for needle loc (placement of wire) 1 st Lesion
<input type="checkbox"/> 19288	MRI guidance for needle loc (placement of wire) additional lesions
<input type="checkbox"/> 76098-26	Exam surgical specimen
<input type="checkbox"/> 76140	Consultation on x-ray examination
<input type="checkbox"/> 19085	MRI guidance (Vacuum assisted, clip, post mammo) 1 st Lesion
<input type="checkbox"/> 19086	MRI guidance (Vacuum assisted, clip, post mammo) additional lesions
<input type="checkbox"/> 77058-26	MRI w/ or w/o contrast, unilateral
<input type="checkbox"/> 77059-26	MRI w/or w/o contrast bilateral
<input type="checkbox"/> 76376-26	3D rendering with interp of MRI ultrasound

Notes:

If you have any questions, please call the Women's Center Nurses at 732-530-2308