

# The Beyond Surgery® Program

## Surgical Data Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_M \_\_\_F

\*\*Nature of Surgery/Procedure

\_\_\_\_\_

Date of Surgery \_\_\_\_\_ Time of Surgery \_\_\_\_\_

Outpatient \_\_\_\_\_ Inpatient \_\_\_\_\_

Expected length of stay \_\_\_\_\_

Hospital/ Clinic \_\_\_\_\_ Physician \_\_\_\_\_

Allergies: \_\_\_\_\_

\*\*Family/Friend Contact Information (person with patient after procedure)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Religious/ Spiritual Preference \_\_\_\_\_

\*\*\*\*\*

Directions to Hospital/Home

\_\_\_\_\_

\_\_\_\_\_

**Beyond Surgery Protocol Session Plan** \_\_\_ Full 5 Session Protocol \_\_\_ Other:

\_\_\_\_\_

Cost \_\_\_\_\_

Items given \_\_\_ Guidebook \_\_\_ CD

Remarks \_\_\_\_\_

\_\_\_\_\_

Primary Practitioner \_\_\_\_\_ Secondary Practitioner \_\_\_\_\_