

OAK TREE ASC PRE APPOINTMENT QUESTIONNAIRE
INTERVENTIONAL RADIOLOGY PROCEDURES

TO KK:

Is this an auto or work related injury? Yes No
Do you have an Rx or was it faxed? Patient has/USE SAME RX Yes No
Referring Dr. _____ RX expires _____
Must have a driver Yes No

Have you had prior imaging of affected area? Where were they taken? Yes No
 Pt. to bring Requested from _____ MRI/CT FILM/CD OAK TREE _____
 UPLOADED DATE: _____

Is there a chance you could be pregnant(under 55yrs)? Yes No
(If unsure, do home pregnancy test)

Are you currently taking any antibiotics for an acute infection? Yes No
Last Dose? _____ On going / Preventive only

Are you currently taking: Anacin, Aspirin, Bufferin, Ecotrin, Excedrine, Xarelto? Yes No
ELIQUIS(No kidney problem 3days off- kidney problem-pt.to ask RX dr.for instruction)

Pt. to inform RX doctor.

Lovaza Or any medication **containing aspirin** including topical lotions like Aspercreme and patches like salopas or icy hot. **If so**, these meds need to be stopped **3 days** prior to appointment

Are you currently taking: Plavix/Clopidogrel or Coumadin, Warfarin? Yes No
Platelet Inhibitors like Agrylin, Pletal, Ticlid, or Reopro? Yes No

Stop 5 days prior to procedure, if taking **Warfarin/Coumadin-**
(Pro-Time should be tested the day before and results faxed to our office by 3:30pm)
PRADAXA (3 days off-No kidney problem; 5 days off-Kidney problem),

Do you take Anti-Inflammatory meds (NSAIDS)? Yes No
Advil, Aleve (Naproxen), Bextra, Feldene (Piroxicam), Mobic (Meloxicam), Motrin (Ibuprofen), Relafen, Vioxx,
Voltaren (Diclofenac), Flector **PATCH**, Diclofenac **PATCH**, **Fish Oil/Omega 3**, If so, **stop 24 hrs prior**
On Oral Steroid? Yes/No Last dose? _____ On going? Yes/No

Continue to take all other prescribed medications, especially blood pressure medications, with sip of water if it's within 4hours of NPO.

Are you diabetic? Oral med. / Insulin / Diet Must be under controlled Yes No

Are you allergic to any medication? Yes No
Med: _____ Reaction: _____

Have you ever had a reaction to an injection of x-ray dye: Yes No
If yes, when and what reaction? _____ Pre-Medicate

Have you ever had a spinal procedure done before? Yes No
When? _____ PROCEDURE: _____ DR. _____ OAK TREE _____

What is your current weight? _____ **LBS**

Remind patient of appointment date and time. _____ Do not eat or drink 4 hours before procedure. Don't forget to bring your MRI/CT films/CD, Insurance cards & Photo ID with you. Plan on being here for **approximately 2hrs**. Please advise driver to stay close by in case of emergency.

PT. NAME: _____ SPOKE W/PT./ _____ XNH/XSB DATE: _____

NEXT APPT.: _____ XSL/XAR/XGE RN w/ XNH/XSB DATE: _____

NEXT APPT.: _____ XSL/XAR/XGE RN w/ XNH/XSB DATE: _____