Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

KGH Hôpital Général de Kingston General Hospital

Medical History Form for Interventional Radiology Procedures

Procedure Requested: _____

Diagnosis: _____

Allergies: _____ **Home Care Referral:** YES ☐ N/A ☐

Medications Relevant for the Procedure:

The patient is taking the following medications:

- ☐ Apixaban *(Eliquis)*
- ☐ Brillinta *(Ticagrelor)*
- ☐ Dabigatran *(Pradaxa)*
- ☐ LMWH *(e.g. Dalteparin, Lovenox)*
- ☐ Rivaroxaban *(Xarelto)*
- ☐ ASA *(Aspirin)*
- ☐ Coumadin *(Warfarin)*
- ☐ Edoxaban *(Lixiana)*
- ☐ Plavix *(Clopidogrel)*
- ☐ **Patient is NOT taking any anticoagulants**

Laboratory Results: (if available)

Hgb_____ Plts_____ INR _____ ☐ Pending Date (yyyy/mm/dd): _____

Relevant Medical History *(Please select all that apply)*

- ☐ Cardiac History (Coronary stents /valves, CABG, MI)
- ☐ CVA / TIA
- ☐ Diabetes ☐ Insulin
- ☐ Emphysema / Severe COPD / Home O2 use
- ☐ Hypertension
- ☐ Sleep Apnea / CPAP use
- ☐ Other _____
- ☐ **None of the above**

MRP/HRF_____ **(*required for inter-hospital transfer patients only*)**

_____ _____

Referring Physician (Printed Name) Date (yyyy/mm/dd)