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 Procedures In Diagnostic Imaging

Procedure Requested: _____

Bloodwork will be required for High Bleeding Risk Procedures

Diagnosis: _____

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

Medications Relevant for the Procedure:

The patient is taking the following medications:

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

☐ *The patient has been advised to **HOLD** the checked medications as per the Procedure Risk Guidelines **if required***

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

- ☐ Bleeding Disorders
- ☐ Cancer ☐ Chemo ☐ Radiation
- ☐ Cardiac History (Coronary stents /valves, CABG, MI)
- ☐ CVA / TIA
- ☐ Diabetes ☐ Insulin
- ☐ Emphysema / Severe COPD / Home O2 use
- ☐ Hypertension
- ☐ Renal Disease ☐ Dialysis
- ☐ Sleep Apnea / CPAP use
- ☐ **Other** _____

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

_____ _____

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