





Medical History Form for Procedures In Diagnostic Imaging

Procedure Requested:	
Bloodwork will be required for High Bleeding Risk	x Procedures
Diagnosis:	
Allergies:	Home Care Referral: YES \(\Bar{\cup} \) N/A \(\Bar{\cup} \)
Medications Relevant for the Procedure	<u>s</u>
The patient is taking the following medications:	:
☐ Apixaban <i>(Eliquis)</i>	☐ ASA (Aspirin)
☐ Betrixaban (Bevyxxa)	☐ Clopidogrel (<i>Plavix</i>)
☐ Dabigatran (Pradaxa)	☐ Ticagrelor <i>(Brilinta)</i>
☐ Edoxaban <i>(Lixiana)</i>	☐ Warfarin <i>(Coumadin)</i>
☐ Rivaroxaban (Xarelto)	☐ LMWH (e.g. Dalteparin, Lovenox)
☐ Patient is NOT taking any anticoagulants	
\Box The patient has been advised to HOLD the checked medications as per the Procedure Risk Guidelines if required	
Relevant Medical History (Please select all a	that apply)
☐ Bleeding Disorders	
☐ Cancer ☐ Chemo ☐ Radiation	
☐ Cardiac History (Coronary stents /valves, CABG, MI)	
□ CVA / TIA	· •
☐ Diabetes ☐ Insulin	
☐ Emphysema / Severe COPD / Home O2 us	se
☐ Hypertension	
☐ Renal Disease ☐ Dialysis	
☐ Sleep Apnea / CPAP use	
Other	
MRP/HRF	(required for inter-hospital transfer patients)
Referring Physician (Printed Name)	

Orig: 04/2023