



## DT PROCEDURE ROOM PATIENT QUESTIONNAIRE

Patient Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ ☐ Male ☐ Female

Address: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

### Tell us about your health history?

- ☐ I have been a smoker for \_\_\_\_\_ years. How many cigarettes a day? \_\_\_\_\_ Last used: \_\_\_\_\_
- ☐ I drink alcohol. How many drinks per week? \_\_\_\_\_ Last used: \_\_\_\_\_
- ☐ I use street drugs. Types: \_\_\_\_\_ Last used: \_\_\_\_\_
- ☐ I am prone to having anxiety attacks. When: \_\_\_\_\_

### Do you have, or have you ever had any of the following?

- ☐ Chest pain/Angina ☐ High blood pressure ☐ Irregular heart beat  
When: \_\_\_\_\_ ☐ Heart surgery ☐ Pacemaker: Last checked: \_\_\_\_\_
- ☐ Mechanical Heart Valve ☐ Hemophilia
- ☐ Bleeding/Clotting disorder ☐ Automatic Implantable Cardioverter Defibrillator (AICD)
- ☐ Take blood thinners such as: ☐ warfarin (COUMADIN) ☐ clopidogrel (PLAVIX) ☐ Other: \_\_\_\_\_

Other **HEART or CIRCULATORY** conditions: \_\_\_\_\_

- ☐ Asthma ☐ Chronic Obstructive Pulmonary Disease (emphysema or chronic bronchitis) ☐ Home oxygen
- ☐ Sleep apnea (stop breathing while you're sleeping) ☐ Use a CPAP/ BIPAP machine ☐ Active tuberculosis

Other **BREATHING** problems: \_\_\_\_\_

- ☐ Thyroid Disease ☐ Diabetes - ☐ treated with insulin or ☐ treated with pills

Other **ENDOCRINE** disorders: \_\_\_\_\_

☐ **KIDNEY FAILURE** or other kidney problems: \_\_\_\_\_

- ☐ Seizures/Epilepsy Last event: \_\_\_\_\_

Other **NERVOUS SYSTEM** problems: \_\_\_\_\_

### Do you have any allergies? (for example: medication, food, latex, tape, bandages, iodine, IV contrast)

\_\_\_\_\_  
\_\_\_\_\_

### List all of the medications that you take: (including herbal, vitamins, and non-prescription drugs)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Who is the person responsible for picking you up after your procedure:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### This questionnaire was completed by:

☐ Patient ☐ Other - Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not the patient, what is your relationship to the patient? \_\_\_\_\_

