

<input type="checkbox"/> Surgical Center of San Diego	<input type="checkbox"/> La Jolla Outpatient	<input type="checkbox"/> Sharp Outpatient Pavilion
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Patient: _____ INJ Type: _____ DOS: _____

Medical History Report

*Please let us know of any Yes answers to the following:

- Are you allergic or have you reacted to any of the following: Latex, tape, band aids, iodine, shellfish, local anesthetics, steroids, injected dye?
Yes No
- Are you using blood thinning medications: ASPIRIN, EXCEDRIN, or any other Aspirin containing products? **This medications must be stopped 1 week prior to the procedure.**
Yes No
- Are you prescribed any "Blood Thinning" or aniti platelet medications? **Coumadin must be stopped 5 days prior to the procedure. Others such as Plavix must be stopped 7 days before the procedure. You must obtain written clearance to stop from your internist/cardiologist.**
Yes No
- Are you using any anti-inflammatory medications, including over the counter Ibuprofen/MOTRIN, ADVIL or Naprosyn/Aleve? **These medications muse be stopped 3 days prior to the procedure.**
Yes No
- Are you using any other over the counter medicines, nutritional supplements, herbal or "alternative" medicines?
Please list them: _____

- Do you have diabetes? Yes No
- Do you have high blood pressure? Yes No
- Have you ever reacted badly to anesthesia or injections? Yes No
- Are you currently being treated for infection or prescribed antibiotics? Yes No
- Have you been diagnosed with bipolar disorder? Yes No
- Do you have Mitral Valve Prolapse? Yes No
- Have you had joint surgery in the last 6 months? Yes No
- Do you have a cardiac pacemaker or spinal cord stimulator? Yes No

Patient Name: _____

Date: _____

Patient Signature: _____

Staff Initials: _____