



Pueblo Radiology Medical Group

## PRE-PROCEDURE PATIENT MEDICAL HISTORY SHEET

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Examination: \_\_\_\_\_

What are your current symptoms? \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

Are you taking any anticoagulants (blood thinners) i.e. Coumadin, Lovenox? Yes or No

- When did you take the last dose? \_\_\_\_\_

Please list medical conditions and operations: \_\_\_\_\_

Have you had any trouble in the past with anesthesia or sedation? If yes, please explain.

Please indicate if you have disease in any of the following systems. If yes, please explain.

Yes	No	System	Explanation
_____	_____	Cardiovascular	_____
_____	_____	Pulmonary (Lungs)	_____
_____	_____	Gastrointestinal	_____
_____	_____	Musculo-skeletal	_____
_____	_____	Urinary / Kidney	_____
_____	_____	Neurologic problem	_____

Patient  
(or Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Radiologist: \_\_\_\_\_ Date: \_\_\_\_\_