



**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? \_\_\_\_\_

