

Spinal Injection Medical History

Please answer all the following questions and review with Dr. Scott's staff:

- **Are you allergic to INJECTED DYES, IODINE, SHELLFISH, ANESTHETICS, STEROIDS, TAPES, OR LATEX?** Yes No
- **Are you using any blood thinning medications? Examples include ASPIRIN, EXCEDRIN, or any other ASPIRIN containing products, COUMADIN, LOVENOX, TICLID, PLAVIX, AGGRENOX, ELIQUIS, PRADAXA, XARELTO?** We must make arrangements with your internist/cardiologist to discontinue these medications prior to your injection procedure. Yes No
- **Are you using any of the following antiinflammatory pain medications: Common examples include: Motrin, Advil, Ibuprofen, Aleve, Naproxen, and Voltaren? These must be stopped 3 days prior to the procedure.** Yes No
- **Are you using any over the counter medicines, nutritional supplements, herbal or "alternative" medicines? Please list them here:** _____
- **Have you had heart surgery or stents placed?** Yes No
- **Do you have diabetes?** Yes No
- **Do you have high blood pressure?** Yes No
- **Do you have sleep apnea?** Yes No
- **Are you currently being treated for any infection/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
- **Are you having/planning dental work within 1 week of your injection?** Yes No

Patient Name: _____

Date: _____

Patient Signature: _____

Staff Initials: _____