
Interventional Radiology Consultation Form

Patient Name: _____

DOB: _____

CURRENT MEDICAL CONDITIONS:

- | | |
|----------|-----------|
| 1) _____ | 7) _____ |
| 2) _____ | 8) _____ |
| 3) _____ | 9) _____ |
| 4) _____ | 10) _____ |
| 5) _____ | 11) _____ |
| 6) _____ | 12) _____ |

PAST SURGERIES:

- | | |
|----------|-----------|
| 1) _____ | 6) _____ |
| 2) _____ | 7) _____ |
| 3) _____ | 8) _____ |
| 4) _____ | 9) _____ |
| 5) _____ | 10) _____ |

Have you had issues with general anesthesia before?

CURRENT MEDICATIONS:

List drug name, dose and how many times you take the medication. We can photocopy your medication list if you have one with you.

- | | |
|----------|-----------|
| 1) _____ | 7) _____ |
| 2) _____ | 8) _____ |
| 3) _____ | 9) _____ |
| 4) _____ | 10) _____ |
| 5) _____ | 11) _____ |
| 6) _____ | 12) _____ |

Do you take vitamin E or fish (omega 3) oil?

DRUG ALLERGIES:

Indicate drug name and describe the allergic reaction.

FAMILY HISTORY:

List any medical conditions that run in your family and who had the condition.

SOCIAL HISTORY:

Marital Status: Single Married Divorced Widowed Number of Children:

Occupation:

Cigarette Use: No Yes Packs per Day: Years Smoked:

Alcohol Use: None Occasional Moderate Heavy

REVIEW OF SYSTEMS:

Circle any of the following symptoms that you currently have or recently had:

Constitutional: fever / chills / sweats / weakness / fatigue / decreased activity

Eye: recent visual problems / yellowing eyes / eye discharge / blurry vision / double vision

ENT: decreased hearing / ear pain / runny nose / sneezing / difficulty swallowing / sore throat

Respiratory: short of breath / cough / sputum production / coughing up blood / wheezing

Cardiovascular: chest pain / palpitations / leg swelling / passing out

Gastrointestinal: abdominal pain / nausea / vomiting / diarrhea / constipation / heartburn

Genitourinary: urinary frequency / pain with urinating / blood in urine

Hematologic: bruise easily / bleed easily / swollen glands (lymph nodes)

Endocrine: excessive thirst / cold intolerance / heat intolerance / excessive hunger

Immunologic: immunocompromised / recurrent fevers / recurrent infections / malaise

Musculoskeletal: back pain / neck pain / joint pain / muscle pain / decreased range of motion

Integumentary: rash / itching / dryness

Neurologic: balance difficulty / dizziness / confusion / numbness / weakness / headache

Psychiatric: anxiety / depression / suicidal / hallucinations

VITAL SIGNS:

Pulse: BP: Resp Rate: SpO2:

Temp: Height: Weight: BMI: