

Patient Consultation Information

Date: _____

Name: _____ Date of Birth: _____ Age: _____ Sex Male Female

Referring MD: _____ Primary Care MD: _____

Phone contact information: Cell: _____ Home: _____

Describe why you are here today or what is your current problem?

Tell us more about your current problem - when did it start, what makes it better or worse, describe how it feels or affects your daily activities, is it always present, etc.

ALLERGIES (please list medicine allergies): Latex allergy? YES NO Nickel allergy? YES NO

CURRENT MEDICATIONS (please list current medications and dosages):

SOCIAL HISTORY (things about you that will help us understand your medical problem): **PLEASE CHECK**

Smoking: YES NO If yes, please describe how long/how much: _____

If you have quit smoking, when: _____

Alcohol: YES NO If you have quit, when: _____

Recreational drugs: YES NO In the past: _____

Caffeine cups per day: Please give amount: _____

Marital status: (check one) Single Married Widowed. Do you live alone? YES NO

Occupation: _____

**Premier
Radiology**
BRIARVILLE



Revised 02.12.2015

www.PremierRadiology.com

Open MRI ■ MRI ■ CT ■ X-Ray ■ Ultrasound ■ Women's Services ■ Pain Services ■ Nuclear Medicine

PRIOR IMAGING: Have you had recent imaging exams (ultrasound, CT, MRI)?

Please list type and location: _____

PAST MEDICAL HISTORY (Medical care or problems):

Heart attack or rhythm problems	YES	NO
Pacemaker	YES	NO
Diabetes - treated with pills	YES	NO
Diabetes - treated with insulin	YES	NO
High blood pressure	YES	NO
Bleeding disorders	YES	NO
Stroke	YES	NO
Stomach or colon problems	YES	NO
Lung disease (cancer or emphysema)	YES	NO
Kidney disease	YES	NO
Mental/emotional disorder	YES	NO
Liver/jaundice/hepatitis	YES	NO
Vascular problems	YES	NO
Cancer:	YES	NO
Musculoskeletal:	YES	NO
Endocrine/Thyroid::	YES	NO
Other:		

REVIEW OF SYSTEMS (Past or current medical issues): *Please circle*

General:	Weight loss or gain	Fever	Chills
Neurological:	Headache	Confusion	Speech changes
Psychological:	Anxiety	Depression	
Skin:	Rash	Edema (swelling)	Bruising
Ears, Nose, Throat:	Hearing loss	Visual changes	Visual loss
Heart & Vessels:	Chest pain	Irregular heart beat	Leg edema (swelling)
Lungs & Breathing:	Problems at rest	Problem with exercise	Problem with lying flat
Stomach & Bowels:	Vomiting or nausea	Diarrhea or constipation	Blood in stool
Kidneys & Bladder:	Frequent urination	Painful urination	Bloody urine
Muscles & Bones:	Leg pain with movement-R or L	Leg pain with rest-R or L	Arthritis
Other:			
Other:			

FAMILY HISTORY: (Please list all known major family medical history).

Problem	Father	Mother	Brother or Sister	Describe
Heart Disease				
Stroke				
Abdominal Aneurysm				
High Blood Pressure				
Cancer (<i>location under other</i>)				
Other:				
Other:				

PAST SURGICAL HISTORY: (Please list prior surgeries with approximate dates).

	YES	NO	Dates
Heart surgery	YES	NO	
Back surgery	YES	NO	
Knee or hip surgery	YES	NO	
Aortic surgery (aneurysm treatment)	YES	NO	
Leg bypass surgery for artery disease	YES	NO	
Carotid artery surgery (neck artery)	YES	NO	
Aneurysm treatment with coils inside of head	YES	NO	
Gallbladder or colon	YES	NO	
Uterus and/or ovaries	YES	NO	
Other:			
Other:			
Other:			

How did you learn about Premier Radiology Briarville?

NURSING ASSESSMENT (to be completed by your nurse):

Vitals:

Blood pressure: R: _____ L: _____ Heart rate: _____ Respiratory rate: _____

Temp: _____ Oxygen Sat%: _____ on room air/ Oxygen Sat% _____ on: _____ LPM

Weight: _____ Height _____

Labs: Cr/GFR: _____ / _____ PT/INR: _____ / _____ Blood Glucose: _____

Mental Status: Alert Oriented Confused **Deficits:** Visual Hearing Speech

Airway: Normal Limited neck movement Dentures Carotid Bruit: R L

Lungs: Clear Rales Rhonchi Wheezes

Heart: Regular Murmur

Abdomen: Bowel Sounds Yes No Masses Yes No Bruit Yes No

Right	Femoral	PT	DP	Radial
Value: +3 to doppler				
Left	Femoral	PT	DP	Radial
Value: +3 to doppler				

Women: Date of last menstrual period: _____ Pregnancy possibility? Yes No

Confirm cessation of blood thinners or antiplatelet agents: Yes No _____

Driver available for transportation: Yes No _____

Completed by: _____ Date: _____

Notes: _____

ASA PHYSICAL STATUS CLASSIFICATION SYSTEM

1. Healthy person.
2. Mild systemic disease.
3. Severe systemic disease.
4. Severe systemic disease that is a constant threat to life.
5. A moribund person who is not expected to survive without the operation.
6. A declared brain-dead person whose organs are being removed for donor purposes.

Chief Complaint

Peripheral Vascular Disease | AAPRO

Where do you have pain? _____

Describe how it feels (sharp, knife-like, cramping, burning, aching, dull): _____

Where do you have numbness, tingling or coolness? _____

When did this start - suddenly or gradually? _____ Past _____ days, weeks, months.

Is it always present, or does it come and go? _____

How much pain do you have at rest? 1 2 3 4 5 6 7 8 9 10 (*circle*) _____

What makes your pain the worst? _____

How much pain do you have at the worst? 1 2 3 4 5 6 7 8 9 10 (*circle*) _____

Does your pain go away or get better when you stop and rest? _____

Do you take pain medications for this? _____

Do you take any blood thinners? _____

Describe any wounds or discoloration on your feet or legs: _____

List any previous vascular surgery: _____

List any previous imaging studies: _____

Date of last flu vaccine: _____

Date of last pneumococcal vaccine: _____

Preparation for Arteriogram

An arteriogram is an imaging test that uses X-rays and a special dye to see inside the arteries. It can be used to view arteries in the brain, kidney, legs and other parts of the body.

HOW SHOULD I PREPARE FOR THE PROCEDURE?

1. **Arrange for someone to drive you home after the procedure.**
2. **Discontinue** any of the following medications for **5 days** prior to your procedure: **Plavix, Effient, Pletal, Ticlid, Trental, Coumadin, Brilinta, Xarelto** or **Pradaxa**. ***Patients who have had a drug eluting cardiac stent within the past year should NOT stop Plavix or Effient.***
3. **Discontinue** any of the following medicines **24 Hours** prior to your procedure: **Lovenox, Fragmin, Normiflo, Orgaran, Innohep, Arixtra, Eliquis, or Iprivask.**
4. All other medications are okay to take the day of the procedure.
5. If you are on insulin, take ½ of your dose the morning of the procedure. Do not take any oral diabetic medication the morning of the procedure.
6. Do not eat solid foods for **6 hours** prior to your procedure and refrain from drinking clear liquids **2 hours** before the procedure.

HOW IS AN ARTERIOGRAM PERFORMED?

A physician will explain the procedure and potential complications. Prior to inserting the catheter you will be sedated through an IV, your skin is cleansed with antiseptic soap and numbed with a local anesthetic. Contrast dye is injected through the catheter (a thin, flexible tube) that is threaded into the desired artery from an artery in the groin or in the arm. The dye makes blood vessels visible on X-ray, and the resulting images are used to diagnose vascular conditions.

WHAT SHOULD I DO AFTER THE ARTERIOGRAM?

1. Drink plenty of clear (nonalcoholic) liquids - at least 8 oz every hour.
2. Resume your usual diet and any medications you routinely take (*unless instructed not to do so by your doctor*).
3. For the next 12 hours, attempt to keep the leg in which the catheter was placed as straight as possible.
4. No driving, operating heavy machinery, or making any legal decisions for 24 hours following the procedure.
5. For several days after the procedure, avoid strenuous activities including vigorous exercise, lifting objects heavier than 10 pounds or excessive bending at the waist.

CONTACT OUR OFFICE AT 615-986-6411 FOR THE FOLLOWING SYMPTOMS:

1. If you notice swelling in your groin, apply direct pressure with your fingertips and call us immediately. This may be a sign that bleeding has started from the artery or vein.
2. If you develop a fever above 101°, or any redness or drainage at the catheter site, an infection could be developing. Seek medical attention immediately.
3. If the leg in which the catheter was placed becomes cool, cold, numb or painful, call us immediately at **615-986-6411**. An Interventional Radiologist will be notified and will respond to your problem.

Premier
Radiology
BRIARVILLE



Revised 2.25.2015

www.PremierRadiology.com

Open MRI ■ MRI ■ CT ■ X-Ray ■ Ultrasound ■ Women's Services ■ Pain Services ■ Nuclear Medicine