



Pre-Infusion/Injectable Medical Questionnaire

Do you now or have you ever had the following:

1. Kidney disease or insufficiency or have been on dialysis	Y	N
2. Have heart failure (CHF)	Y	N
3. Taking or have taken Furosemide (Lasix), Bumetanide (Bumex), Torsemide (Demadex) or any other fluid pills	Y	N
4. Do you have history or Prolonged QT or have a family history of Prolonged QT syndrome	Y	N
5. Have a history of heart block	Y	N
6. Currently taking blood thinning medication (Coumadin, Pradaxa, Eliquis, Lixiana, Plavik)	Y	N
7. Currently taking daily aspirin, Mobic (Meloxicam), Ibuprofen, Naproxen or any other anti-inflammatory medications	Y	N
8. Have a history of electrolyte abnormalities	Y	N
9. Are you currently pregnant or breast feeding	Y	N
10. Have you had a recent heart attack	Y	N
11. Had a gastric bypass/stapling/sleeve procedure	Y	N
12. History of heart rate abnormalities	Y	N
13. Have a history of leg swelling	Y	N
14. Have a history of folate deficiency	Y	N
15. Have a history of iron deficiency	Y	N
16. Do you have any drug/medication allergies	Y	N
17. Had any prior reactions to IV infusions or injections	Y	N
18. Are you currently taking any antibiotics or other medications	Y	N

Patient Signature: _____ **Patient Printed Name:** _____

Date and time: _____ **Nurse Signature:** _____