

Patient Name _____ DOB ___ / ___ / ___ Date ___ / ___ / ___ MRN _____

QUESTIONNAIRE: EPIDURAL STEROID INJECTION

Please review PRIOR to your appointment.

1. Are you taking any of these blood thinners?

COUMADIN

PLAVIX (Clopidogrel)

EFFIENT (Prasugrel)

TICLID (Ticlopidine)

AGGRENOX (ASA & Dipyridamole)

PLETAL (Cilostazol)

PERSANTINE (Dipyridomole)

PRADAXA

IV HEPARIN

LOVENOX (Enoxaparin)

FRAGMIN (Dalteparin)

INNOHEP (Tinzaparin)

REAPRO (Abciximab)

AGGRASTAT (Tirofiban)

INTEGRELIN (Eptifibatide)

XARELTO (Rivaroxaban)

ELIQUIS (Apixaban)

2. Are you on antibiotics?

3. Do you have an active infection or fever?

4. Are you taking prednisone?

5. Have you had a steroid injection within the last two weeks?

6. Are you allergic to contrast (X-ray dye)?

7. Do you have asthma?

8. Have you had a flu shot in the last two weeks?

If you answered **YES** to any of these questions, please call 252.752.5000 and ask to speak to a nurse, prior to your appointment.