



Houston
Heart Health
Dedicated to excellence in cardiovascular care

Advanced Vein & Vascular Center

Pre- Procedure Check List

(To be signed at least 1 day prior to the procedure)

PATIENT: _____ DOB: _____

DATE OF PROCEDURE: _____

SIDE: Left Leg Right Leg

VESSEL: GSV SSV ASV

Are you allergic to adhesives, such as Dermabond, tape, artificial eye lashes, artificial nails, Band-Aids? Y N

Have you ever had a reaction to local anesthetic? Y N

Do you have any history of the following:

Anaphylaxis Reaction Y N

Migraines Y N

Stroke (CVA)/mini-Stroke (TIA) Y N

Heart Shunts (PFO, ASD, VSD, Other Shunts) Y N

Deep Venous Thrombosis (DVT) Y N

Pulmonary Embolism (PE) Y N

Hypercoagulable state Y N

Family h/o DVT or PE Y N

GI bleeding, stomach ulcers? Y N

Kidney problems that may prevent you from taking Advil, Motrin, Aleve, Ibuprofen? Y N

Liver problems that may prevent you from taking Tylenol or Acetaminophen? Y N

Are you pregnant/ Breastfeeding? Y N

Do you agree to have a Driver for the procedure day? Y N

Name of the Driver with Patient and Contact Phone Number: _____

Did you agree to bring thigh high Compression Stockings to the procedure day Y N

Will you bring Anti-Anxiety Medication to the procedure day Y N

By signing below, you state you are not pregnant or breastfeeding. You also acknowledge that you are NOT to drive today if you have taken Xanax for your procedure, and you have provided adequate transportation for yourself.

Patient signature: _____ Date: _____

MA/Staff reviewing pre-procedure checklist: _____



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