# Anticoagulant Medication History

Patient's Name:______________________ Date of Birth: ☐☐ ☐☐ ☐☐☐☐

Prior to your surgery, it is extremely important that we are aware of any medication that you may be on the thin out your blood. To help us gather this information, please answer the following questions by putting a ✓in the appropriate box. Thank You.

| Do you take any of the following medications? | |
|---|---|
| **Aspirin**<br>☐ Yes ☐ No | You may know it as:<br>**Aspro Clear** **DBL Asprin** **Cartia** **Cardiprin**<br>**Astrix** **Disprin** **Solprin** **Ecotrin** |
| **Warfarin**<br>☐ Yes ☐ No | You may know it as:<br>**Coumadin** **Marevan** |
| **Asasantin SR**<br>☐ Yes ☐ No | You may know it as:<br>**Aspirin; Dipyridamole** |
| **Iscover or Plavix**<br>☐ Yes ☐ No | You may know it as:<br>**Clopidogrel hydrogen sulfate** |
| **Persantin or Persantin SR**<br>☐ Yes ☐ No | You may know it as:<br>**Dipyridamole** |
| **Dindevan**<br>☐ Yes ☐ No | You may know it as:<br>**Phenindione** |
| **Ticlid or Ticlopidine Hexal or Tilodene**<br>☐ Yes ☐ No | You may know it as:<br>**Ticlopidine hydrochloride** |
| **Any other blood thinning medication**<br>☐ Yes ☐ No | You may know it as:<br>**Fragmin** **Clexane** **Heparin**<br>**Dalteparin sodium** **Enoxaparin sodium** |
| **Thrombin- or Factor X Inhibitors**<br>☐ Yes ☐ No | Dabigratan (**Abraxa**), Rivaroxaban (**Xarelto**), Apixaban (**Eliquis**)<br>Betrixaban, Darexaban, Edoxaban |
| **Herbal Extracts, Fish oil (Omega 3), Flaxseed oil**<br>☐ Yes ☐ No | If Yes please list<br>______________________ |
| **Other**<br>☐ Yes ☐ No | If Yes please list<br>______________________ |