

Patient Name: \_\_\_\_\_

## The Pills & Supplements I Take

All medications and supplements affect the body and all have side effects in addition to their benefit. Many can actually cause problems when you are undergoing surgery. The most common problem is reduced blood clotting which can mean difficulty stopping bleeding, increased bruising, and delayed healing. More serious problems can be high or low blood pressure, cardiovascular concerns and interactions with anesthesia medications. Any of these can cause serious complications or potentially fatal reactions.

If you take any medications – prescriptions, over-the-counter, vitamins or herbal supplements or if you are on a “special diet” – make sure that you give a complete list to Dr. Naderi and his staff so that they can make the appropriate decision regarding their safety. Many health food store supplements or drinks may contain such problematic ingredients or herbal medications. A list of “Medications to Avoid” is available for your convenience in this packet, while preparing for surgery. It is thorough, but not comprehensive, as new drugs are released regularly. Please call the office, or your pharmacy, or your primary care doctor, if you feel the need to take anything not on the list and not previously indicated as safe.

Please initial **Yes** or **No** for each item:

Yes            No        I take, or have taken within the last 2 weeks, **diet pills**  
(prescription, over-the-counter, vitamin or herbal).  
If Yes, please list what & when

Yes            No        I take, or have taken within the last 2 weeks, **supplements, power drinks, bars.**  
(The potential for herbal preparations to cause a problem is real.)  
If Yes, please list what & when

Yes            No        I take, or have taken within the last year, **Accutane**  
If Yes, please list what & when

Yes            No        I have been informed of which medications to avoid and will do so.

By signing below, I, \_\_\_\_\_, certify that the above information is true and complete. Furthermore, I acknowledge that any omission of information or taking the wrong pill prior to surgery can have an adverse affect on me and I accept full responsibility for all consequences if I disregard these instructions. I will also notify The Naderi Center of any changes.

List of medications or supplements:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

Patient Initials: \_\_\_\_\_