Texas Liver Consultants at the Texas Liver Institute

# Liver Biopsy Prep Questionnaire

Have you had any side effects with the following medications? If yes, please explain.

| | | | |
|---|---|---|---|
| Tylenol (Acetaminophen) | ☐ NO | ☐ YES | _____ |
| Norco (Hydrocodone/APAP) | ☐ NO | ☐ YES | _____ |
| Tylenol #3 (APAP/Codeine) | ☐ NO | ☐ YES | _____ |
| Ultram (Tramadol) | ☐ NO | ☐ YES | _____ |
| Ativan (Lorazepam) | ☐ NO | ☐ YES | _____ |
| Phenergan (Promethazine) | ☐ NO | ☐ YES | _____ |
| Zofran (Ondansetron) | ☐ NO | ☐ YES | _____ |
| Benadryl (Diphenhydramine) | ☐ NO | ☐ YES | _____ |
| Narcan (Naloxone) | ☐ NO | ☐ YES | _____ |
| Romazicon (Flumazenil) | ☐ NO | ☐ YES | _____ |
| Lidocaine | ☐ NO | ☐ YES | _____ |

Do you have any existing abdominal pain?

☐ NO ☐ YES If yes, please explain:_____

Do you have any existing chronic pain, such as arthritis or neuropathy?

☐ NO ☐ YES If yes, please explain:_____

Do you have any contracts with a pain management doctor?

☐ NO ☐ YES If yes, please explain:_____

Do you see a cardiologist?

☐ NO ☐ YES If yes, who is your cardiologist:_____

Do you have any medical devices or implants, such as a pain pump or spinal stimulator?

☐ NO ☐ YES If yes, please explain:_____

_____ _____

Patient Signature Date

---

**FOR PROVIDER USE ONLY:**

**Baseline Vitals BP:_____ HR:_____ $O_2$%:_____**

Does the patient require Medical Clearance to stop aspirin or any blood thinners?

☐ NO ☐ YES If yes, please explain:_____

Does the patient have any disabilities that require a guardian to be present during the consent process and procedure?

☐ NO ☐ YES If yes, please explain:_____

Is this patient an ideal candidate for an in-house liver biopsy based on the answers above?

☐ NO ☐ YES

_____ _____

Provider Signature Date