

Alliance Digestive Disease Consultants Medical Group - Open Access

For: _____ Colonoscopy or _____ UGI Endoscopy or _____ Both

Name: _____ **Today's Date:** _____

Age: _____ **Height:** _____ **Weight:** _____ (BMI _____)

Why are you having this procedure? _____

Have you ever had a colonoscopy before? YES or NO

If so, when was it done and what were the finding? _____

Has anyone in your family had colon cancer? YES or NO

If so, who and at what age? _____

Current medications including over-the-counter:

Any Medication that you are allergic to? _____

Do you have a Latex allergy? YES or NO

Previous surgeries? _____

Circle any of these medical conditions that you may have:

Heart Disease Angina High Blood Pressure

Asthma or other chronic Lung disease Severe Anxiety

Do you take antibiotics prior to dental work? YES or NO

If so, why? _____

Circle any of the following medications that you taking?

Aspirin Coumadin Warafin Lovenox Plavix Ginkgo

Fish Oil NSAID's (i.e. Ibuprofen, Naproxen)

Do you smoke? YES or NO If so, how much? _____

How many alcoholic drinks do you drink per week? _____

Are you constipated most of the time? YES or NO

Do you to take laxatives regularly? YES or NO

Do you have any of the following?

Do you have a disability requiring wheelchair assistance? YES or NO

Any lung disease requiring home oxygen therapy? YES _____ NO _____

Sleep apnea? YES _____ NO _____

Recent serious lung problems? YES _____ NO _____

Recent chest pain with exertion or exercise? YES _____ NO _____

Heart attack, positive stress test, angioplasty,
or coronary Stent within the past 6 months? YES _____ NO _____

Congestive heart failure or cardiomyopathy? YES _____ NO _____

ALS or myasthenia gravis? YES _____ NO _____

Diabetes? YES _____ NO _____

Kidney Dialysis? YES _____ NO _____

Liver Cirrhosis or chronic hepatitis? YES _____ NO _____