



ENDOSCOPY PREPROCEDURE HISTORY

PLEASE COMPLETE THIS FORM AND BRING IT WITH YOU TO THE HOSPITAL ON THE DAY OF YOUR EXAM. PLEASE DO NOT WEAR JEWELRY ON THE DAY OF YOUR EXAM.

NAME _____ Language spoken _____ Primary Care MD _____

Why are you having this exam today? _____ Date of last exam _____

Do **you** or a first degree relative such as mother, father, sister or brother ever had colon cancer, colon polyps, crohns disease or ulcerative colitis? If yes who:

Do you need assistance walking? Y__ N__ Need assistance of a cane? Y__ N__

Do you use a wheel chair routinely? Y__ N__ Need assistance of a walker? Y__ N__

Do you have hearing problems? Y__ N__ Do you have any loose teeth? Y__ N__

Do you wear hearing aids? Y__ N__ Do you wear dentures? Y__ N__

Height _____ Weight _____

Do you have any problems extending your neck or opening your jaw wide? Y__ N__

Have you had a problem with anesthesia in the past? Y__ N__ If yes, please explain _____

Please list all past operations _____

Medical History: Do you have or ever had

Breathing problems such as...

Asthma Y__ N__

Sleep apnea Y__ N__

Routinely use C-Pap Y__ N__

Emphysema Y__ N__

Shortness of breath Y__ N__

Do you smoke? Y__ N__ Packs per day _____

How many years smoking? _____

Do you have oxygen Y__ N__ Liters # _____

Do you have diabetes? Y__ N__

Kidney disease Y__ N__

Do you have a history of hepatitis? Y__ N__ Type _____

Active Liver disease (hepatitis, cirrhosis) Y__ N__

Heart problems such as...

Had a heart attack Y__ N__

High blood pressure Y__ N__

Heart valve problems Y__ N__

Had a heart valve replacement Y__ N__

Known heart murmur Y__ N__

Pace maker Y__ N__

Implanted defibrillator Y__ N__

Cardiac stents Y__ N__

Stroke/CVA Y__ N__

Do you have history of seizures? Y__ N__

Date of last seizure _____

Do you drink alcohol daily Y__ N__

How many drinks daily _____

If you are pregnant please contact your primary care physician as this may affect your ability to have exam.

What kind of prep did you take for this exam today?

1. **Movie prep** _____

2. **Other prep** _____

Comments _____

Continued on back

