PLEASE BRING COMPLETED PAPERWORK TO YOUR PROCEDURE APPOINTMENT

First and last name: ______________________________ **Date of Birth:** ________________

Name of physician(s) you want report sent to: ______________________________

Circle one: Male Female>are you pregnant? No Yes Procedure you are here for? ________________

How tall are you: ______________ **How much do you weigh:** __________________

Do you have someone with you in our waiting area? No Yes Person's name: ________________

Do you want that person present when the doctor speaks to you after the procedure? No Yes

Is your driver the person in the waiting area? No Yes

Does your driver need to be called? No Yes Driver's name: ______________ **phone#:** __________________

Do you have a Health Care Proxy? .... **No Yes**

Do you have a Living Will? .... **No Yes**

Do you have a DNR? .... **No Yes**

****If *you have a Health Care Proxy, Living Will, or DNR, please bring copies to your procedure appointment***

Please <u>circle</u> which items you brought today: Dentures, Glasses, Hearing Aids, Cane, Walker, Wheel Chair

Race:

- ☐ **Black/African American**
- ☐ **White**
- ☐ **American Indian / Alaskan Native**
- ☐ **Asian (specify e.g. Chinese)** ________________________________
- ☐ **Native Hawaiian / Pacific Islander**
- ☐ **Other** ______________________________________

Please <u>circle</u> which of these medications you take on a regular basis: **Coumadin, Heparin, Plavix, Aspirin**, **Ibuprofen**

When did you stop taking it /them? ______________________________________

What medications did you take **today**: ________________________________ ☐ **No meds taken today**

Medication Allergy	☐ **No** ☐ **Yes**	***Latex allergy*** ☐ **No** ☐ **Yes**
Iodine/Dye Allergy	☐ **No** ☐ **Yes**	***Food Allergy*** ☐ **No** ☐ **Yes**

Please list **allergies to medication or food**

1.__________________________ **list the reproduction(s)**: ______________________________________
2.__________________________ **list the reaction(s)**: ______________________________________
3.__________________________ **list the reaction(s)**: ______________________________________

Other allergy notes: ______________________________________

<u>*****PLEASE BRING A LIST OF YOUR MEDICATIONS WITH YOU*****</u>

First and last name: ____ **Date of Birth:** ________________

Please circle if you have any of these diseases: MRSA VRE ESBL C-DIFF HEPATITIS TB SHINGLES OTHER______________________________

Are immunizations up to date for patients younger than 18? Up to date, confirmed by parent/guardian

Do you smoke? .... **No Yes**

Are you interested in stopping? **No Yes**

Do you drink alcohol? .... **No Yes**

Do you take recreational drugs? .... **No Yes**

Have you had problems with anesthesia or sedation? .... **No Yes**

Have you been diagnosed with sleep apnea by a doctor? .... **No Yes**

If yes, do you use a CPAP machine? .... **No Yes**

Do you have difficulty opening your mouth? .... **No Yes**

Do you have any loose teeth or dental abnormalities? .... **No Yes**

Do you have difficulty flexing or extending you neck? .... **No Yes**

Are you a Diabetic? No Yes, date & time of last finger stick reading? time:________ **reading:**___________

If you are a diabetic are you felling lightheaded or dizzy now? **No Yes**

Are you receiving Dialysis? .... **No Yes**

Have you had a mastectomy and/or lymph node dissection? No Yes (circle): Right Left

Do you have internal implants? (circle one) replacement joints heart valves pacemaker/defib none

Please list implant if other than above: ____

ON THE DAY OF YOUR TEST:

When did you drink liquid last? ____________________________________

When did you eat solid food last? ____________________________________

THE QUESTIONS BELOW ARE FOR COLONOSCOPY AND SIGMOIDOSCOPY PATIENTS ONLY:

If you are having a colonoscopy, was colon cleansing medication taken as directed? **No Yes**

Prep Type ___**Suprep** ___**Prepopik** ___**Miralax** ___**Fleets enema**
___**HalfLytely** ___**GoLytely** ___**Moviprep** ___**Other**

Prep Results ___**Clear** ___**Yellow** ___**Brown** ___ **Other,** ____________________

___**Watery** ___ **Thick liquid** ___ **Solid** ___ **Other,** ____________________