

Very Important...The endoscopic facilities are separate from the practice and have separate charts, we will require this information to be completed before admission to Center...Thank-you

Colon EGD ED Flex

Allergies- Yes Please list: No

Medical History:

- Yes No –DIABETES-medication taken today? _____ AM blood sugar _____
- Yes No - ARTHRITIS
- Yes No - LUNG DISEASE Type _____
- Yes No - SEIZURE DISORDER
- Yes No – CANCER Type _____
- Yes No - HEART DISEASE Type _____
- Yes No – BLOOD THINNERS (Aspirin, Plavix, Coumadin) Stopped When? _____
- Yes No –HIGH BLOOD PRESSURE- Medication taken today? _____
- Yes No – ENDOCARDITIS (Heart infection)
- Yes No - LIVER DISEASE
- Yes No – ARTIFICIAL JOINTS, pins Location _____
- Yes No - ARTIFICIAL HEART VALVE
- Yes No - ANTIBIOTICS REQUIRED FOR DENTAL VISITS
- Yes No - GLAUCOMA

Surgeries: Please List NONE

Medication List (name and dosages or bring bottles with you) VERY IMPORTANT

Reason for procedure: i.e. History of colon polyps, History of stomach ulcers

If scheduled for Colonoscopy, which prep did you use? Colyte/Nulytely, Fleets Phosa Soda, Osmo-Prep, Miralax, ½ Lytely, Movi Prep....Were you able to complete your prep? Yes No

Your driver's name _____

Patients Signature/date _____

Staff use only=====

VS _____ G _____ D _____ HA _____ LW _____ NPO _____