OPEN ENDOSCOPY QUESTIONNAIRE

First Name:
Last Name:
Date of Birth: **Date:** **Provider:**

What procedure do you need?____ **Colonoscopy** ______ **EGD** Referring Physician**:**
Have you had this **procedure before** ________ NO _____**YES** **Date** **Year**
Why do you need this procedure

Rectal Bleed **Yes No** Anemia **Yes No** Rectal pain **Yes No** IBD **Yes No** Bowel changes **Yes No** Abdominal Pain **Yes No**
50 years old **Yes No** Weight loss **Yes No** Family Hx Colon CA **Yes** **Father Mother Sister Brother** **No**

If this procedure is for **Screening Send ABN** **and Screening Colon notice** for patient to verify Insurance Benefits

Please ask patient all questions **bullet questions are MEC boarding requirements**	Yes	No	Comments
Do you want to **meet and see the doctor prior** to your examination?			
Have you had a cologuard test in the past year			
In the last 3 months, have you had a **Heart attack**, **stroke**, or Congestive heart failure			
Do you have an **Implanted Cardiac Defibrillator** or **Pacemaker**			
Do you weigh over **350 pounds**			
Weight Height BMI			
Do you use **Oxygen** or **C-PAP** machine at home			
Are you on **dialysis**			
Do you use a **wheelchair** If yes, ask; can you transfer yourself to a bed without assistance			
Have you or any family member had **problems with anesthesia** in the past			
Do you see a **heart doctor** on a regular basis Reason need name of cardiologist			
Do you experience **chest pain** at **rest** or **chest pain unrelieved by Nitroglycerin**			
For women only are you pregnant or think you may be			
Do you have a **replaced heart valve** or **heart stent**			
Do you have **high blood** pressure			
Do you have **diabetes**			
Do you have **seizures**			
Allergies			

List all Surgeries

Please list all Medications

Medication	Dose	Instructions	Medication	Dos e	Instructions

If patients are taking the following medication please give them the instructions to consult cardiologist and stop medications

Are you taking Effient prasugrel			**Stop 7 days pric**
Are you taking Coumadin warfarin Plavix clopidogrel Brilinta ticagrelor			**Stop 5 days befo**
Are you taking Pradaxa dabigatran Xarelto rivaroxaban Eliquis apixaban			**Stop 2 days befo**
Are you **taking diet pills** not limited to but **including Phen-Phen or Phenteramine**			**Stop 2 weeks be**

How would you like your prep sent Mail E-mail address