MEDICAL INFORMATION SHEET

PLEASE BRING THIS COMPLETED INFORMATION SHEET WITH YOU ON THE DAY OF YOUR PROCEDURE

Patient name: _____ DOB: _____ Height: _____ Weight: _____

Driver's name/Relationship: _____

What is the reason for your colonoscopy or EGD today? _____

Do you have any **MEDICATION ALLERGIES**? If yes, what are the Medications and Reaction? _____

_____

Are you allergic to **Latex**? Yes No

Have you ever any had **SURGERIES**? Please list all**:** _____

_____

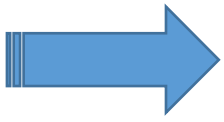
If you are having a colonoscopy, please circle which prep was taken.

Miralax/Gatorade Clenpiq Suprep Colyte Other: _____

Have you ever been diagnosed with any of the following?

	Yes	No		Yes	No		Yes	No
High blood pressure			Reflux, Hiatal hernia, Barrett's esophagus			Anxiety / Depression		
High cholesterol Triglycerides			Ulcer disease			Thyroid disease		
Angina / chest pain			Migraines / headaches			Glaucoma		
Heart disease, heart attack or heart failure			Seizure / Stroke or mini-stroke			Arthritis / Autoimmune Disease		
Mitral Valve prolapse Heart murmur			Neurological conditions: Parkinson's, Multiple Sclerosis, etc.			Artificial joints / prosthesis If yes, list body part & date: _____		
Heart Valve replacement Date:			Hepatitis / Liver disease			Dentures, partials, loose teeth		
Irregular heartbeat			Kidney disease			Glasses / Contacts		
Pacemaker or Defibrillator Date:			Diabetes: Do you use Insulin, Oral medications or Diet controlled?			Piercings? Where? **ALL BODY PIERCINGS MUST BE REMOVED BEFORE COMING FOR YOUR PROCEDURE**		
Asthma / Emphysema / COPD			Bleeding / clotting disorders			Hearing aids**:** Right Left		
Sleep Apnea, if yes do you use a CPAP? **Yes No**			Have **YOU** had colon cancer or colon polyps?			Do you drink alcohol? Never / Rare / Occas / Daily		
Do you use oxygen at home?			Crohn's / Colitis			Illicit drug use		
Do you smoke? If yes_____pk/day			Any **PERSONAL** history of cancer? If yes, type_____			Has anyone in your **FAMILY** been diagnosed with **colon cancer or polyps**? If yes, Who_____ Age_____		
Any chance of pregnancy? Breastfeeding? Date of last menstrual cycle:_____			Diverticulosis / Diverticulitis			Anything not mentioned above? Please list.		

*****Please **TURN OVER** and complete second page.



Revised 7/21

What is BMI? Body mass index, or BMI, is a measure of body size. It combines a person's weight with their height. BMI is a screening tool that can indicate whether a person is underweight, healthy weight or overweight. A BMI outside of the healthy range increases the risk of complications with anesthesia. For that reason, the center cannot perform procedures on patients with a BMI of 50 or greater.

You can easily calculate your BMI online with an accurate height and weight (just Google BMI calculator). The most important part about calculating your BMI is to make sure you have an accurate height and weight. An inaccurate height can change your BMI calculation.

If you need help with calculating your BMI, call the center to set up a time stop in and have your BMI calculated. Your safety is our priority.

Endoscopy Center of WNY, LLC 716-332-1000 **Endoscopy Center of Niagara, LLC** 716-284-3264

TO BE SURE WE HAVE THE MOST UP-TO-DATE MEDICATION LIST, PLEASE COMPLETE THIS LIST ***JUST PRIOR TO YOUR APPOINTMENT.*** PLEASE LIST PRESCRIBED MEDICATIONS **AND** OVER-THE-COUNTER MEDICATIONS, INCLUDING VITAMINS AND SUPPLEMENTS YOU NORMALLY TAKE ON A DAILY BASIS. BE SURE TO INCLUDE ANY MEDICATIONS WE MAY HAVE ASKED TO YOU STOP (i.e. ASPRIN, ADVIL, IBUPROFEN, COUMADIN, ETC).

NAME OF MEDICATION	DOSE (mg/units)	How often do you take it?	Date last taken