

COLONOSCOPY / UPPER ENDOSCOPY QUESTIONNAIRE

Name: _____ DOB _____ Age ____ Date _____

Referred by: _____ SSN _____

Telephone No.: Home / Cell _____ Work _____

Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Number: _____ Exp: _____ (A FEE WILL BE CHARGED FOR CANCELLATIONS OR RESCHEDULING WITHIN 48 HOURS OF YOUR PROCEDURE)

Insurance Carrier: _____ Date/Time of Procedure _____

1. Procedure you are being referred for (circle one): Upper Endoscopy (EGD) Colonoscopy Flex Sig.

2. Why are you being referred for this test? _____

3. Do you take any of the following drugs (circle any that you take): ●Coumadin (warfarin), ●Pradaxa (dabigatran), ●Xarelto (rivaroxaban), ●Aspirin, ●Plavix (clopidogrel), ●Persantine (dipyridamole), ●Brilanta (ticagrelor), ●Effient (prasugrel), ● iron supplements?

4. Please list all other medications you are currently taking: _____

5. Do you have any medication allergies? _____ Yes ____ No ____

6. Do you have any medical problems? _____

7. Do you have diabetes? Yes ____ No ____

8. Do you have a pacemaker or implantable defibrillator? Yes ____ No ____

9. Have you ever had abdominal surgery? Yes ____ No ____

10. Did your doctor find any hidden blood in your stool? Yes ____ No ____

11. Do you have anemia or low blood counts? Yes ____ No ____

12. Have you ever had an upper endoscopy or colonoscopy before? Yes ____ No ____

If yes, when? _____ At Northwestern or at an outside hospital?

What were the findings? _____

If you are scheduled to have a COLONOSCOPY or FLEXIBLE SIGMOIDOSCOPY, please fill out the following additional questions:

13. Do you have any relative(s) with colon cancer or colon polyps? Yes ____ No ____

Relation of relative(s) to you: _____ Age(s) Diagnosed: _____

Deceased: ____ Yes ____ No If deceased, please give the age(s) at death: _____

14. Have you had rectal bleeding? Yes ____ No ____ For how long? _____

15. Have you had either a colon polyp or colon cancer? Yes ____ No ____

If yes, when? _____ What kind of polyp? _____

16. Please provide a pharmacy phone number so that we can call in a prescription for the colonoscopy prep kit. _____