

ADHEC

Name: _____ Date of Birth: _____

Primary Care/Referring MD: _____

PAST OR PRESENT MEDICAL PROBLEMS NONE

Gastrointestinal

- Abdominal Adhesions
- Anemia
- Barrett's Esophagus
- Celiac Disease
- Chronic Constipation
- Chronic Diarrhea
- Chronic Liver Disease
- Colitis
- Crohn's Disease
- Difficulty Swallowing
- Diverticulosis / Diverticulitis
- Esophageal Cancer
- Esophageal Stricture
- Esophagitis
- Gallstones
- Gastric Cancer
- Gastritis
- Heartburn/Reflux
- Hiatal Hernia
- Irritable Bowel Syndrome
- Loss of Appetite
- Milk Intolerance
- Nausea/Vomiting
- Personal/Family History Colon Cancer
- Personal/Family History Colon Polyps
- Pancreatic Cancer
- Recent Weight Loss: Amount _____ lbs.
- Stomach or Duodenal Cancer
- Stomach Ulcers
- Other: _____

Cardiovascular

- Coronary Artery Disease
- Coronary Stents
- Defibrillator
- Heart Attack
- High Blood Pressure
- Irregular Heartbeat
- Pacemaker
- Peripheral Vascular Disease
- Stroke / Transient Ischemic Attack (TIA)
- Valvular Heart Disease
- Other: _____

Pulmonary

- Asthma
- Chronic Cough
- COPD/Emphysema
- Lung Cancer
- Sleep Apnea (CPAP) _____
- Smoker: Yes No
Date Stopped _____
- Other: _____

Infectious Disease

- Genital Herpes
- Hepatitis
- HIV/AIDS
- MRSA
- Shingles
- Tuberculosis
- Other: _____

Other

- Breast Cancer
- Diabetes
- Endometriosis
- Fibromyalgia
- Kidney Disease
- Mental Health Problems
- Prostate Cancer
- Prostate Enlargement
- Seizures
- Skin Problems
- Thyroid
- Other: _____

Recent or Past History of:

- Alcohol: Yes No
Amount: _____
- Drugs: Yes No
Amount: _____
- Tobacco: Yes No
Amount: _____

Surgeries:

Previous Problems with Anesthesia

Sedation: Yes No

Egg Allergy: Yes No

Latex Allergy: Yes No

ALLERGIES: Yes No

COMMUNICATION: (Circle all that apply)

English Spanish Sign Speech Problems Visual Impairment Hearing Loss

Other: _____

YOU MUST HAVE AN ADULT PRESENT DURING YOUR PROCEDURE OR RISK CANCELLATION.

Responsible adult to drive patient home? Name: _____ Phone #: _____

Person to assist with care at home for the next 24 hours? Yes No

May discharge instructions be given to driver? Yes No

****Please remove all jewelry, cell phone, glasses (if appropriate), wallet, etc. and leave with your driver before you are seen by the pre-op nurse. Please remind your nurse of any caps, crowns, dentures, loose teeth, etc. Thank-you!**

Are you currently involved in a clinical trial or research study? Yes No

If Yes, Where? _____

Form completed by: _____

Phone # to call patient a day or so following the procedure: _____