

You have requested to have a procedure in our Facility. Please complete this form and return it to us.

Name: _____ Date of Birth: _____

Referring Physician: _____ Phone #: _____

Do You Currently Have any of the following symptoms (check all that apply):

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Esophageal Reflux | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Change in Bowel Habits | <input type="checkbox"/> Change in Appetite | <input type="checkbox"/> Chest Pain |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Dyspepsia (upset stomach/indigestion) | <input type="checkbox"/> Heartburn |
| <input type="checkbox"/> Dysphasia (Difficulty Swallowing) | <input type="checkbox"/> Nausea | <input type="checkbox"/> Reflux |
| <input type="checkbox"/> Rectal Bleeding/ Black Stools | <input type="checkbox"/> Screening for Colon Cancer | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Other: _____ | | |

Medications: (List all medications you are currently taking, including over the counter)

<input type="checkbox"/> I do not take any medications at this time. (This includes "Over the Counter Medication")				
Name of Drug	Dosage (amount)	How Often Taken	Ordered by	Reason for

Allergies and Sensitivities: Are you allergic to Latex? yes no

Please list all Allergies and/or Sensitivities you have and the reaction associated.	
Drug/Item	Reaction (check all that apply)
	<input type="checkbox"/> Erythema(redness) <input type="checkbox"/> Hives <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Edema (swelling) <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Anaphylaxis (serious reaction causing shortness of breath, throat swelling) <input type="checkbox"/> pruritus (itching) <input type="checkbox"/> vesicles (small blisters) <input type="checkbox"/> OTHER: _____
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Date Scheduled: _____ **Procedure:** EGD Colon E/C LB SBE SIG E/SIG

Endoscopist: Hiltz McHenry Salzman Fagel Jones Patton Szabo Moreman **MR #:** _____