

Procedure Scheduling Form

Name

DOB

Height

Weight

BMI (For office use)

Phone number

Primary Care Physician / Office Name

Requested Physician at CGH

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR HEALTH

Please check **Yes** or **No** and specify where asked

Yes **No**

☐☐

Have you been experiencing diarrhea for more than 6 weeks?

☐☐

Do you have Cirrhosis of the Liver?

If yes, what is the cause: _____

☐☐

Do you have Crohn's disease or Ulcerative Colitis?

☐☐

Have you had diverticulitis or colitis within the past 6 weeks?

☐☐

Are you currently having significant rectal bleeding (other than occasional hemorrhoidal bleeding)?

☐☐

Are you experiencing any unexplained abdominal pain or weight loss?

☐☐

Do you require dialysis or have chronic kidney disease under regular follow-up?

☐☐

Have you had major abdominal or chest surgery in the last 3 months?

- If yes, specify _____

☐☐

Have you had a seizure in the past 12 months, or a medication change in the last 6 months?

☐☐

Do you have any of the following in your Heart History?

- Pacemaker or Defibrillator
- Heart stents or bypass surgery in the past 12 months
- Heart failure, heart attack, or stroke in the past 12 months
- Aortic stenosis or heart valve surgery
- Abnormal heart rhythm (other than well-controlled atrial fibrillation)
- Are you currently scheduled for any heart testing such as stress test?

☐☐

Do you have any of the following in your Lung History?

- Severe COPD/emphysema
- Asthma requiring frequent rescue inhaler use
- Need for supplemental oxygen
- Shortness of breath with mild exertion (i.e 1 flight of stairs)
- Are you currently scheduled for any lung testing such as pulmonary function test or CT scan of the chest?

- ☐ ☐ Are you taking Insulin for Diabetes?
- ☐ ☐ Do you have more than mild Alzheimer's, Parkinson's, or dementia?
- ☐ ☐ Are you currently receiving radiation or chemotherapy?
- ☐ ☐ Do you take blood thinners other than aspirin?
(Examples include Coumadin® (warfarin), Lovenox, XARELTO® (rivaroxaban), AriXtra® (Fondaparinux), Plavix® (clopidogrel), Effient® (prasugrel), Eliquis® (apixaban), Brilinta™ (ticagrelor), etc.)
- ☐ ☐ Do you have any known bleeding disorders (i.e. ITP, hemophilia, von Willebrand disease)?

PLEASE PROVIDE US WITH MORE INFORMATION ABOUT YOUR GI HEALTH

Please check **Yes** or **No** and specify where asked

Yes No

- ☐ ☐ Have you had a colonoscopy before? When? _____
- ☐ ☐ Do you have a history of colon polyps? When? _____
- ☐ ☐ Has a first-degree relative (parent, sibling, child) had colon cancer?
 If yes, who and what age? _____
- ☐ ☐ Have you ever had a positive Cologuard test?
 If yes, when and what age? _____
- ☐ ☐ Do you have at least 3 bowel movements weekly without regular laxative use?

PLEASE PROVIDE US WITH MORE INFORMATION ABOUT YOUR GENERAL HEALTH AND MEDICATIONS:

Please check **Yes** or **No** and specify where asked

Yes No

- ☐ ☐ Do you take antibiotics before medical or dental procedures?
- ☐ ☐ Are you allergic to any Medications?
If yes, specify medication and reaction? _____
- ☐ ☐ Do you have sleep apnea and/or use a CPAP or BiPAP?
- ☐ ☐ Are you currently taking any GLP-1 medications?
If yes, which one? _____
- *Weekly injectable Medication: Ozempic (Semaglutide), Bydureon (exenatide), Byetta (exenatide), Rybelsus (semaglutide), Wegovy (semaglutide), Victoza (liraglutide), Mounjaro (tirzepatide), Saxenda (liraglutide), Trulicity (dulaglutide), Zepbound (tirzepatide).*
 - **Must stop 7 days before the procedure**
 - *Daily medications - Byetta (exenatide), Rybelsus (semaglutide), Victoza (liraglutide), Saxenda (liraglutide)?*
 - **You must stop 2 days before the procedure**
- ☐ ☐ Are you taking Phentermine?
 • **You must stop 7 days before the procedure**

Please provide us a list of your current medications including prescription, non-prescription, and supplements

PAST MEDICAL HISOTRY

Check all that apply and specify where indicated.

- | | |
|---|---|
| <input type="radio"/> No medical history | <input type="radio"/> Gerd |
| <input type="radio"/> Seizure disorder | <input type="radio"/> Barrett's esophagus |
| <input type="radio"/> Migraine | <input type="radio"/> Peptic Ulcers |
| <input type="radio"/> Glaucoma | <input type="radio"/> Irritable bowel Syndrome |
| <input type="radio"/> Depression / Anxiety | <input type="radio"/> Pancreatitis |
| <input type="radio"/> Thyroid Disease | <input type="radio"/> Diabetes, type: _____ |
| <input type="radio"/> Tuberculosis, when treated: _____ | <input type="radio"/> Cancer type: _____ |
| <input type="radio"/> HIV | <input type="radio"/> High blood pressure |
| <input type="radio"/> Hepatitis, type: _____ | <input type="radio"/> Kidney Disease, type: _____ |
| <input type="radio"/> Anemia | <input type="radio"/> Other medical conditions: _____ |
| | _____ |

PAST SURGICAL HISTORY

Check all that apply and specify date of surgery

- | | |
|---|--|
| <input type="radio"/> No surgical history | <input type="radio"/> Flex Sigmoidoscopy (Date): _____ |
| <input type="radio"/> Appendectomy (Date): _____ | <input type="radio"/> Lung Surgery (Date): _____ |
| <input type="radio"/> Gallbladder removal (Date): _____ | <input type="radio"/> Joint Replacement or metallic hardware in the body (Date): _____ |
| <input type="radio"/> Hernia Repair (Date): _____ | <input type="radio"/> Back surgery (Date): _____ |
| <input type="radio"/> Colon Surgery (Date): _____ | <input type="radio"/> Breast surgery (Date): _____ |
| <input type="radio"/> Small bowel surgery (Date): _____ | <input type="radio"/> Hysterectomy (Date): _____ |
| <input type="radio"/> Gastric Bypass (Date): _____ | <input type="radio"/> Other: _____ |
| <input type="radio"/> EGD (Date): _____ | _____ |
| <input type="radio"/> EUS (Date): _____ | |
| <input type="radio"/> ERCP (Date): _____ | |