

TELL US ABOUT YOURSELF

Please complete this form and bring it and this packet to your procedure.

Why are you having this procedure? _____

Do you take Warfarin (Coumadin)? Yes No Do you use oxygen at home? Yes No

Are you, or could you be, pregnant? Yes No

Do you smoke or use tobacco products? Amount _____ Do you drink alcohol? Amount _____

Do you use marijuana products? Yes No

Do you have any of the following medical conditions? If yes, please briefly explain.

- Yes No Diabetes _____
- Yes No High Blood Pressure _____
- Yes No Heart Disease _____
- Yes No Asthma/COPD _____
- Yes No Stroke _____
- Yes No Liver Problems _____
- Yes No Blood Clots _____
- Yes No Kidney Problems _____
- Yes No Sleep Apnea _____
- Yes No Other _____

Previous Surgeries:

Surgery/Approximate Date: _____

Surgery/Approximate Date: _____

Please list any of your blood relatives with a history of colon cancer or colon polyps:

Previous Endoscopic Procedures:

Colonoscopy _____

Approximate Date: _____

Upper Endoscopy _____

Approximate Date: _____

Do you have a living will? Yes No Do you have a medical durable power of attorney? Yes No

Do you want any information regarding these? Yes No

Signature _____

Date _____

Health History has been reviewed by _____ RN Date _____ Time _____

Please complete medication form on back page.



