

# Premier Gastroenterology

## PRE-COLONOSCOPY PATIENT QUESTIONNAIRE

### INTRODUCTION

Colonoscopy is a relatively short and safe procedure. However, as with any medical procedures, complications are possible (for details, please read the included brochure "COLONOSCOPY"). To minimize the risk of unexpected events or possible complications, please read carefully and complete the questionnaire below. It is important that you answer all questions as accurately as possible. Answers to questions 9 and 10 will be updated at the time of colonoscopy by your physician. At that time, you will also be examined and you will have the opportunity to discuss any important issues with your physician.

### PATIENT DEMOGRAPHIC INFORMATION

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Preferred Language: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Patient Employer \_\_\_\_\_ Preferred Pharmacy: Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone No. \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Relation to you \_\_\_\_\_ Phone \_\_\_\_\_

First and Last Name of Referring physician: \_\_\_\_\_  I do not have a referring physician

### INSURANCE INFORMATION

Check here if you do not have health insurance and you are willing to cover expenses by yourself.

Name of insurance \_\_\_\_\_ Your ID number \_\_\_\_\_

Address of primary insurance: \_\_\_\_\_ Group number \_\_\_\_\_

Telephone: \_\_\_\_\_, Fax: \_\_\_\_\_

Name of insured person (if other than you): \_\_\_\_\_ Relation to you \_\_\_\_\_

Insured's billing address (if different from patient): \_\_\_\_\_

### PATIENT HEALTH INFORMATION

Height: \_\_\_\_\_ ft \_\_\_\_\_ in Weight: \_\_\_\_\_ lbs

### GENERAL HISTORY

*(Please circle the correct answer (YES or NO) and check all boxes with positive answers to the respective question)*

1. Are you allergic to any medications ?      YES      NO      **If YES**, list all medications: \_\_\_\_\_  
\_\_\_\_\_
2. Do you currently smoke ?      YES      NO      If you smoked in the past, when did you quit \_\_\_\_\_
3. Do you drink alcohol ?      YES      NO      **If YES**, for how many years: \_\_\_\_\_ Number drinks/day \_\_\_\_\_
- Have you ever been diagnosed with colorectal cancer?      YES      NO      **If YES**, when was the diagnosis made (date) \_\_\_\_\_
- Did you have colonoscopy(s) performed after diagnosis of colorectal cancer?      YES      NO      **If YES**, when was your last colonoscopy \_\_\_\_\_
4. Do you have a family history (first-degree relatives) of **colon cancer** ?      YES      NO      **If YES**, check all the relatives with polyps and/or cancer:  
 Mother, at age \_\_\_\_\_       Father, at age \_\_\_\_\_  
 Brother, at age \_\_\_\_\_       Sister, at age \_\_\_\_\_  
 Child, at age \_\_\_\_\_
- 4a. Do you have a family member(s) with **colon polyps** removed?      YES      NO      Explain: \_\_\_\_\_  
\_\_\_\_\_



11. Have you ever been treated for any of the following disorders:

Asthma	YES	NO	Loss of consciousness	YES	NO
Diabetes	YES	NO	Irregular heart beat	YES	NO
Stroke	YES	NO	Abnormalities in blood clotting	YES	NO
Heart attack	YES	NO	Crohn's disease or ulcerative colitis	YES	NO
Emphysema	YES	NO	Seizures	YES	NO
Sleep Apnea	YES	NO	Hypertension	YES	NO

**If yes, do you use a CPAP machine? Yes No**

12. Have you ever had a heart or lung surgery? YES NO
13. Do you have a pacemaker? YES NO
14. Do you have an implanted defibrillator? YES NO
15. Do you have an artificial heart valve? YES NO
16. Have you ever had endocarditis? YES NO
17. Have you ever been given antibiotics before dental or surgical procedures? YES NO

Please, carefully review all your answers above. **If you are uncertain about some of the answers, leave the space blank or place a question mark. You will have the opportunity to clarify these issues later, during a short interview with a member of our staff.**

Now, please read carefully the statement below, and sign and date it at the designated space.

#### PATIENT STATEMENT

I have reviewed the above Pre-Colonoscopy Patient Questionnaire, and I have answered all the questions to the best of my knowledge. I understand that incomplete or false information may result in unexpected complications related to the colonoscopic procedure itself or to the conscious sedation. These complications, which may happen even with your excellent health, may include abdominal pain and bloating, bleeding, bowel perforation, and reaction to medications. I also understand and accept the fact that my colonoscopy may not be completed due to inadequate preparation of the colon, my reactions to the medications used for conscious sedation, or excessive risk for complications as decided by the performing physician before or during the procedure. In such case, I may choose to have another colonoscopy at different time, or to have barium enema – a radiological procedure (X-ray) during which a liquid contrast material is used to evaluate colon for presence of polyps and cancers. However, barium enema is generally less sensitive for detection of small polyps and masses than colonoscopy, may be uncomfortable, and does not allow removal of detected lesions. Finally, I may choose not to have any follow-up screening procedure and I understand the possible risks of such a decision.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Now please choose the date for your colonoscopy. Please be advised that fulfilling your request may not always be possible.

My preferred time frame for the procedure is:

- As soon as possible
- Within a month
- Within few months
- I have no preference

You have reached the end of the Questionnaire. Please make sure that you have signed and dated the Patient Statement on page 3. Please attach a copy of your picture ID and front and back of your insurance card. Next, please put the PRE-COLONOSCOPY PATIENT QUESTIONNAIRE in a stamped envelope and mail it to us at:

Premier Gastroenterology  
1331 W. Grand Parkway N, Suite 350  
Katy, TX 77493

You may also **fax** the PRE-COLONOSCOPY PATIENT QUESTIONNAIRE at 281-392-0425 or **email to:** [contact@pgkaty.com](mailto:contact@pgkaty.com)

**The best way to contact you is:**  telephone (# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ )

e-mail (please print clearly: \_\_\_\_\_ )

**We will contact you within 3-5 days after receiving the Questionnaire.** At that time, we will discuss with you the preparation needed for the procedure, name of the physician who will perform your colonoscopy, date and time of the procedure as well as the location of the endoscopy suite.

Please expect 3-5 business days from the time we receive this Questionnaire before we will contact you. **If we do not contact you within 5 days, please first check you Answering Machine or Voice Mail for message from us. If there is no message, please call us at 281-392-0425.**

*If you have any questions or additional information you would like to share with us at this time please write them in the space below.*

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