

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: _____ Social Security Number: _____
Date of birth: _____ Age ____ Sex ____ Address: _____ City: _____ Zip Code: _____
Race: _____ Ethnicity: _____ Preferred Language: _____
Home Phone _____ Cell phone _____ E-mail address: _____
Patient Employer _____ Address: _____
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: _____

PREVIOUS HISTORY OF COLONOSCOPIES AND ABDOMINAL DISEASES

5. Have you ever had a **full colonoscopy** with sedation ? YES NO
- If YES**, how many colonoscopies? _____
- When did you have your last colonoscopy** _____
- If YES**, did you have any complications including:
- abdominal pain fever
- nausea / vomiting bowel perforation
- abdominal gas / bloating
- rectal bleeding after the procedure
- other (describe) _____
-
6. Have you ever had **polyps removed** during colonoscopy ? YES NO
- If YES**, how many times _____
- Date of last colonoscopy _____
- How many polyps removed at the last colonoscopy _____
- Additional comments: _____
-
7. Have you ever been diagnosed and treated for **any cancer of an abdominal organ** (including prostate, ovary, uterus, liver, gallbladder, pancreas, small bowel, stomach, and abdominal lymphoma) ? YES NO
- If YES**, which organ was involved _____
- _____
- _____
-
8. Have you had any of the **abdominal surgeries** listed below:
- Cholecystectomy (removal of the gallbladder) Appendectomy
- Hysterectomy (removal of the uterus) Hernia repair
- C-section
- Other not listed (please describe briefly) _____

MEDICATIONS YOU CURRENTLY TAKE AND PAST MEDICAL HISTORY

9. List **all** the medications you have been taking **within the last two weeks** (including the ones taken on “as needed” basis):
- _____
- _____
-
10. Specifically, **within the last week** did you at least once take any of the following medications:
- Aspirin, Ibuprofen, Advil, Naprosyn, Voltaren, Aleve or similar anti-inflammatory medications
- Coumadin (Warfarin) Heparin Lovenox (Enoxaparin)
- Plavix (Clopidogrel) Ticlid (Ticlopidine) Pradaxa (Dabigatran)
-
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 |

PAST HISTORY OF HEART DISEASES

- 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 YES NO
 dental or surgical procedures?

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

My physician preference: Dr. Kevin Marks Dr. Murtaza Arif

I have been seen by this physician in the past (circle one): YES NO

This physician performed my previous colonoscopy(s): YES NO

Please be advised that we will make every effort to honor your physician choice. However, at times it may not be possible to honor your choice due to the physician's time schedule and/or our Office Policies. All our physicians are Board Certified, highly trained and experienced professionals. They routinely cross-cover for each other if necessary for patient's care. If you chose the physician who performed your previous endoscopic procedure(s) we will make every effort to schedule that physician to perform your screening colonoscopy.

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., s. 350
Katy, TX 77493
Re: Open Access Colonoscopy**

You may also **fax** the PRE-COLONOSCOPY PATIENT QUESTIONNAIRE at **281-392-0250** or **email it to contact@pgkaty.com**

The best way to contact you is: telephone call (# _____ - _____ - _____)

e-mail (address-please print: _____)

You should expect an e-mail within 2 to 3 business days after receipt of your completed questionnaire. The e-mail will contain important instructional information about preparing and scheduling you for the procedure. After reviewing your medical history, you might be asked to schedule an office appointment to meet with one of our providers before scheduling you for colonoscopy.

Please expect 2 to 4 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 your e-mail inbox and spam box before calling.

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.
