

Gastroenterology Consultants of West Houston

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 complication, 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 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: _____ DOB: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip Code: _____ Preferred Language: _____

Home Ph: _____ Cell Ph: _____ E-mail address: _____

Patient Employer: _____ Preferred Pharmacy: _____

Address: _____ Phone: _____

Emergency Contact: Name: _____ Relation to you: _____ Phone: _____

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

INSURANCE INFORMATION

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

Insurance Name: _____ ID Number: _____

Insurance Address: _____ 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 your last colonoscopy? (date) _____

Did you have a 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 a 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)

other blood thinner _____

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 a dental or surgical procedure? 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, 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 a 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, a barium enema is generally less sensitive for detection of small polyps and masses than colonoscopy, maybe 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 to 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:

Gastroenterology Consultant of West Houston
21777 Merchants Way No. 410
Katy, TX 77449

You may also fax the PRE-COLONOSCOPY PATIENT QUESTIONNAIRE at **281-895-2187**

The best way to contact you is: Telephone: _____

Email: _____

Please print clearly

We will contact you within 3-5 days after reviewing 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 your answering machine or voice mail for a message from us. If there is no message, please call us at (281) 895-2186.

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:
