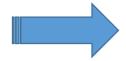
MEDICAL INFORMATION SHEET

PLEASE BRING THIS COMPLETED INFORMATION SHEET WITH YOU ON THE DAY OF YOUR PROCEDURE

Patient name:				DOB: _			Height: Weight:			
Driver's name/Relationship:					_Your	driv	er is required to stay throughou	t your	visit.	
What is the reason for yo	ur colon	oscop	y or EGD today	y?						
Do you have any MEDICA	TION AL	LERGI	ES ? If yes, wh	at are the Med	dicatio	ns a	nd Reaction?			
Are you allergic to Latex ?		Yes	No							
Have you ever any had SL	JRGERIE	S ? Ple	ease list all:							
If you are having a colono	scopy, p	lease	circle which p	rep was taken.						
Miralax/Gatorade	liralax/Gatorade Clenpiq Suprep			Colyte		Other:				
Have you ever been diag	nosed w	ith an	y of the follov	ving?						
	Yes	No			Yes	No		Yes	No	
High blood pressure			Reflux, Hiatal he Barrett's esopha	•			Anxiety / Depression			
High cholesterol		ı	Ulcer disease				Thyroid disease			
Triglycerides			NA::/	-ll			Claveane			
Angina / chest pain Heart disease, heart attack			Migraines / headaches Seizure / Stroke or mini-stroke				Glaucoma Arthritis / Autoimmuna Disease	-		
or heart failure		'	seizure / stroke	or mini-stroke			Arthritis / Autoimmune Disease			
Mitral Valve prolapse Heart murmur		1	Neurological conditions: Parkinson's, Multiple Sclerosis, etc.				Artificial joints / prosthesis If yes, list body part & date:			
Heart Valve replacement Date:			Hepatitis / Liver disease				Dentures, partials, loose teeth			
Irregular heartbeat			Kidney disease				Glasses / Contacts			
Pacemaker or Defibrillator Date:			Diabetes: Do you use Insu Oral medication Diet controlled?	is or			Piercings? Where? ALL BODY PIERCINGS MUST BE REMOVED BEFORE COMING FOR YOUR PROCEDURE			
Asthma / Emphysema / COPD		1	Bleeding / clotti	ng disorders			Hearing aids: Right Left			
Sleep Apnea, if yes do you use a CPAP? Yes No		(Have YOU had o				Do you drink alcohol? Never / Rare / Occas / Daily			
Do you use oxygen at home	?		Crohn's / Colitis				Illicit drug use			
Do you smoke? If yespk/day			Any PERSONAL cancer? If yes, type	history of			Has anyone in your FAMILY been diagnosed with colon cancer or polyps ? If yes, Who Age			
Any chance of pregnancy? Breastfeeding? Date of last menstrual			Diverticulosis / [Diverticulitis			Anything not mentioned above? Please list.			



^{*}Please **TURN OVER** and complete.

What is BMI? Body mass index, or BMI, is a measure of body size. It combines a person's weight with their height. BMI is a screening tool that can indicate whether a person is underweight, healthy weight or overweight. A BMI outside of the healthy range increases the risk of complications with anesthesia. For that reason, the center cannot perform procedures on patients with a BMI of 50 or greater.

You can easily calculate your BMI online with an accurate height and weight (just Google BMI calculator). The most important part about calculating your BMI is to make sure you have an accurate height and weight. An inaccurate height can change your BMI calculation.

If you need help with calculating your BMI, call the center to set up a time stop in and have your BMI calculated. Your safety is our priority.

Endoscopy Center of WNY, LLC 716-332-1000

Endoscopy Center of Niagara, LLC 716-284-3264

TO BE SURE WE HAVE THE MOST UP-TO-DATE MEDICATION LIST, PLEASE COMPLETE THIS LIST <u>JUST PRIOR TO YOUR APPOINTMENT</u>. PLEASE LIST PRESCRIBED MEDICATIONS **AND** OVER-THE-COUNTER MEDICATIONS, INCLUDING VITAMINS AND SUPPLEMENTS YOU NORMALLY TAKE ON A DAILY BASIS. BE SURE TO INCLUDE ANY MEDICATIONS WE MAY HAVE ASKED TO YOU STOP (i.e. ASPRIN, ADVIL, IBUPROFEN, COUMADIN, ETC).

NAME OF MEDICATION	DOSE (mg/units)	How often do you take it?	Date last taker
NAIVIE OF WIEDICATION	(mg/units)	itr	Date last taken