

OPEN ACCESS COLONOSCOPY PATIENT QUESTIONNAIRE

Patient Name _____ Social Security # _____
 Mailing Address _____ DOB _____ Sex: M F
 Home phone _____ Work phone _____ Cell phone _____ (Circle best daytime phone #)
 Employer _____ Address _____
 Emergency Contact _____ Phone _____
 Referring Physician _____ Phone _____
 Preferred Pharmacy _____ Phone _____
 Insurance Company _____ ID No. _____ Group No. _____
 Claims Address _____ Precert Phone _____
 Policy Holder Info (if not pt): Name _____ Employer _____
 Social Security # _____ DOB _____ Relationship _____

Check here if you are uninsured and would like to discuss payment options. The scheduler can put you in touch with our billing department.

Please circle Yes or No to the following health questions.

<p>Y/N Do you take Coumadin, Lovenox, Plavix or Effient? Y/N Have you been diagnosed with a known bleeding disorder or Anemia? Y/N Have you had a coronary/vascular stent in the last year? Y/N Have you had a heart attack/stroke in the last 6 months? Y/N Have you had heart pain (angina) or breathing problems in the last 3 months? Y/N Have you had heart valve surgery? Y/N Do you have a defibrillator/pacemaker or combination of both? Y/N Do you have a personal history of CHF (Congestive Heart Failure)? Y/N Have you been diagnosed with Asthma, Bronchitis or COPD? Y/N Are you on oxygen or CPAP? Y/N Have you been diagnosed with kidney failure? Y/N Have you been diagnosed with diabetes and on Insulin or oral medication? Y/N Have you ever been hospitalized because of your diabetes?</p>	<p>Y/N Have you had intestinal surgery in the last 3 months? Y/N Have you had unexplained weight loss greater than 10 lbs. in the last month? Y/N Do you have abdominal pain? Describe: _____ _____ Y/N Do you have frequent constipation or diarrhea? Y/N Do you see blood in your bowel movements? Y/N Have you had a flexible sigmoidoscopy within the past 48 months? Y/N Have you had a colonoscopy previously? When? _____ Where? _____ Y/N Do you have any relatives with colon cancer or colon polyps? Who _____ Age of diagnosis _____ Y/N Have you been hospitalized within the last month? Y/N Do you weigh more than 350 lbs.? Y/N Are you confined to a wheelchair? Y/N Have you had a problem being adequately sedated for an outpatient procedure?</p>
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Are you allergic to latex or any medications? Y/N Please list: _____
 List any current medical problems: _____

List medications prescribed for treatment: _____

Please return this completed form. You will receive a call from one of our Open Access schedulers to schedule your colonoscopy.

Please return form to:
 Open Access Program
 Gastroenterology Associates, PA
 200 Patewood Drive, Suite B200
 Greenville, SC 29615

Or Fax to:
 864-451-5187