

Endoscopy Health History Form
Please fill out this form and bring it with you to your appointment.

Pre-Visit Information

Name: _____ DOB: _____ Reason for Procedure: _____

Prep taken: Moviprep Nulytely Miralax & Gatorade Magnesium Citrate Dulcolax Other: _____

Prep Results: Clear Tea Color Brown Liquid Other _____

Driver Information

Name: _____ Relationship: _____ Phone: _____

If patient is less than 18 years old and driver is someone other than a parent or guardian, please visit www.mngastro.com/forms to print and complete the Unaccompanied Minor Patient Authorization Form.

Medical History

Height: _____ Weight: _____

Heart Disease: Yes No Kidney Disease/Dialysis Yes No

Respiratory Problems: Yes No Diabetes: Yes No
Including but not limited to Asthma or Sleep Apnea

High Blood Pressure: Yes No Seizures/Fainting: Yes No

Hepatitis: Yes No Pregnant/Nursing: Yes No NA

History of Anesthesia Problems: Yes No If Yes, please describe: _____

Past Surgical Procedures: _____

Have you had an upper respiratory infection or asthma flare within the last week? Yes No
If yes, please call our office prior to starting procedure prep

An important risk for colon cancer is family history.
The following questions can help your physician determine your risk.

PERSONAL HISTORY

Have you ever had a colonoscopy? Yes No
If Yes when and where? Date ___/___/___ Location _____

Have you ever had colorectal cancer? Yes No

Have you ever had precancerous colon polyps? Yes No

Do you have inflammatory bowel disease (IBD)? Yes No
Crohn's Disease or Ulcerative Colitis

FAMILY HISTORY (This information is for blood relatives only)

Do you have a first-degree relative (parent, sibling, child) who had precancerous polyp(s) before age 60?
 Yes No Unknown

