



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: _____

Medical History

Race/Ethnicity:

- | | | |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaska | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Latino or Hispanic |
| <input type="checkbox"/> Native | <input type="checkbox"/> Native Hawaiian or other | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> I do not wish to disclose |

Height: _____ Weight: _____

Heart Disease: Yes No Hepatitis: Yes No

Respiratory Problems: Yes No High Blood Pressure: Yes No

Seizures/Fainting: Yes No Diabetes: Yes No

Pregnant/Nursing: Yes No

Past Surgical Procedures: _____

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

Do you have any disabilities which affect your memory or learning? Yes No

Driver Information

Name: _____ Relationship: _____ Phone: _____

**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 colorectal cancer? Yes No

Have you ever had precancerous colon polyps? Yes No

Do you have inflammatory bowel disease (IBD)? Yes No

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

Do you have any first degree relatives (parent, sibling, child) who had colorectal cancer before age 60 OR two first degree relatives (parent, sibling, child) who had colorectal cancer at any age?
 Yes No Unknown

