

Surgical Endoscopy Center: Open Access Colonoscopy Program

NAME: _____

SPONSOR'S SS#: _____

ADDRESS: _____

TELEPHONE: _____ CELL: _____

DOB: _____ PCP: _____

EMERGENCY CONTACT PERSON AND NUMBER: _____

Please list any active medical problems:

Please list any medications you are taking:

It is important that patient's 65 an older have a history and physical on file with their primary care physician within 30 days of their open access colonoscopy. This can be easily obtained through your primary care provider and forwarded to the endoscopy clinic. Have you met the criteria?

Yes No Date of Exam: MD: _____

Yes No Do you take blood thinning medications? (Coumadin, aspirin, Plavix)

Please circle yes or no to the following medical history questions;

Heart Disease

Yes No coronary artery disease/angina/heart attack

Yes No congestive heart failure

Yes No valvular heart disease/artificial heart valve

Lung Disease

- Yes No emphysema, COPD, asthma, bronchitis requiring regular medical therapy
- Yes No sleep apnea

General Health

- Yes No kidney disease
- Yes No stroke
- Yes No diabetes
- Yes No do you take antibiotics when going for dental work?
- Yes No have you had a joint replacement within the last year?
- Yes No have you ever had a complication with anesthesia?
- Yes No do you weigh more than 350 pounds?

Gastroenterology

- Yes No do you have heartburn more than twice per week?
- Yes No do you see blood in your bowel movement?
- Yes No do you have frequent constipation?
- Yes No do you have relatives with colon cancer? Who? _____

Please return this completed form to our office. If there are no contraindications, you will be assigned to one of our physicians and set up for colonoscopy. You may need a preliminary appointment if there are medical concerns identified that would need attention before scheduling the procedure. If you have any questions, please call the Surgical Endoscopy Center (912) 435-6263.

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Colonoscopy Program**

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Ft. Stewart, GA 31314

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