

Open Access Patient Information Form

First Name _____

Last Name _____

Phone _____

Email Address _____

Date of birth _____

Height _____

Weight _____

Why are you asking for a colonoscopy? (Please check all appropriate responses):

- Routine average risk colon screening. (Recommended once every 10 years for all after 50 years of old).
- Increased risk screening. (Recommended for those with a close relative affected with colon cancer or adenomatous polyps prior to 60 years old, or multiple close relatives with colon cancer at any age, starting at 40 y/o, or 10 years younger than the youngest relative with colon cancer).
- Hereditary Nonpolyposis colorectal cancer family history. (Screening should start at 25years old or at 5 years younger than the first family diagnosis).
- Ulcerative colitis or Crohn's disease. (Screening should start at 8 years after the first diagnosis).
- Prior colon cancer or prior colon polyps. (Colonoscopy should occur one year after a diagnosis of cancer and then every three years, and every 3-5 years after colon polyps only).
- Abnormal Barium Enema X-ray or C-T scan suggesting a colon mass or inflammation.
- Evaluation of unexplained bleeding. (Either obvious red or black blood, or hidden occult blood identified by testing).
- Unexplained Iron deficiency.
- Diarrhea, prolonged, or explained origin.
- Change in stool habit, such as new constipation or diarrhea, or change in consistency, and/or appearance – i.e. ribbon or pencil shaped.

Are you currently taking any medications: yes_____ No_____
(A member of our staff will be calling you to review)

Health Questionnaire – Medical Conditions

Please check all of the medical conditions which apply to you

- Diabetes Mellitus
Hypertension
Valvular heart problems with a murmur
Atrial fibrillation
Previous heart attack
COPD / Emphysema
Asthma
High Cholesterol and / or triglyceride
History of stroke (CVA)
Cancer (please indicate type below)

Current Symptoms

- Fatigue
Short of breath at rest or exertion
Palpitations
Fainting Spells
Chest Pain
Weight Loss
Loss of Appetite
Nausea
Vomiting
Abdominal Pain

Please complete this form and fax it to 480-272-5776