MEDICAL AND SURGICAL HISTORY

1c

Chart: _____

Name _____ Date: _____

Height _____ Weight _____ Age _____

PLEASE CHECK "YES" OR "NO" TO ALL QUESTIONS

CURRENT SYMPTOMS:

YES	NO		YES	NO	
☐	☐	Rectal Bleed	☐	☐	Change in Bowel Habits
☐	☐	Rectal Pain	☐	☐	Abdominal Pain
☐	☐	Anal Itching	☐	☐	Positive Hemoccult
☐	☐	Anemia			

* **What is your main symptom:** _____

PAST MEDICAL HISTORY:

YES	NO		YES	NO	
☐	☐	Colon / Rectal Polyps	☐	☐	High Blood Pressure
☐	☐	Colon / Rectal Cancer	☐	☐	Diabetes
☐	☐	Diverticulitis	☐	☐	Angina
☐	☐	Colitis	☐	☐	Heart Attack
☐	☐	Prostate Cancer	☐	☐	Atrial Fibrillation
☐	☐	* Radiation Therapy (For Prostate Ca)	☐	☐	Lung Disease
☐	☐	Cervical / Uterine Ca	☐	☐	Kidney Disease
☐	☐	* Radiation Therapy (For Cervical / Uterine Ca)	☐	☐	* On Dialysis
☐	☐	Ovarian Cancer	☐	☐	Gastroesophogeal Reflux
☐	☐	HIV and / or AIDS	☐	☐	Sleep Apnea
☐	☐	Stroke / TIA circle one	☐	☐	Difficulty with Sedation
☐	☐	Hepatitis _____	☐	☐	Seizures

PREVIOUS SURGERIES:

YES	NO		YES	NO	
☐	☐	Colon	☐	☐	Heart Surgery (Bypass)
☐	☐	Anal (Fissure / Fistula / Hemorrhoid)	☐	☐	Heart Valve Replacement
☐	☐	Gallbladder	☐	☐	Coronary Stents
☐	☐	Cancer (Breast, etc)	☐	☐	Vascular (Surgery/Stents)
☐	☐	Joint Replacement _____ date_____	☐	☐	Back / Neck
☐	☐	Appendix	☐	☐	Pacemaker / AICD (defib)
☐	☐	Hysterectomy	☐	☐	_____

ANTICOAGULANTS / BLOOD THINNERS:

YES	NO		YES	NO	
☐	☐	Coumadin / Warfarin	☐	☐	Aspirin
☐	☐	Pradaxa	☐	☐	Plavix
☐	☐	Xarelto	☐	☐	Aggrenox
☐	☐	Eliquis	☐	☐	Effient
☐	☐	NSAIDS: *(Advil / Aleve / Celebrex / Etc.)*	☐	☐	_____

ALLERGIES:

YES	NO	
☐	☐	Penicillin
☐	☐	Sulfa
☐	☐	Other:

_____

_____

_____

PREVIOUS COLON EVALUATION:

YES	NO	
☐	☐	Colonoscopies: (***if YES, when & where***) _____
☐	☐	Barium Enema (Xray- ***if YES, when & where***) _____
☐	☐	CT Scan (Abdomen / Pelvis - ***if YES, when & where***) _____

FAMILY HISTORY:

YES	NO	
☐	☐	Colon or Rectal CANCER (mother,father,brother,sister)
☐	☐	Colon or Rectal POLYPS (mother,father,brother,sister)