Health History

Please circle any below that apply.

Gastrointestinal	Personal History of Polyps	Ulcerative Colitis	Ulcers
	Diarrhea	Crohn's Disease	GERD/Gastric Reflux
	Constipation	Gall Bladder	Barrett's
	Change in Bowel Habits	Hepatitis A/B/C	Hiatus Hernia
	Family History of Colon Cancer	Cirrhosis	Unintentional Weight Loss
	Diverticulosis/ Diverticulitis	Difficulty Swallowing	Other
	Comments:		
Pulmonary	Asthma	Bronchitis	COPD
	Emphysema	Pneumonia	Productive Cough
	Recent Respiratory Infection	Shortness of Breath	Sleep Apnea
	Tuberculosis	Other	
	Comments:		
Cardiovascular	Abnormal rhythm	Artificial Valve	Cardiomyopathy
	Chest Pain	CHF	CAD
	High Cholesterol	High Blood Pressure	MI/Heart Attack
	Peripheral Edema	Rheumatic Fever	Valvular Disease
	Other		
	Comments:		
Do you have a	Pacemaker		
	Defibrillator		
Seizure Disorder	No		
	Yes-Please explain and state date of last seizure		

Health History

Genitourinary/ Rental/Endocrine

BPH (Benign Prostate Hyperplasia)	Dialysis	Kidney Stones
Renal Insufficiency	Thyroid Problem	Urinary Incontinence

Comments:

Pregnancy Status:

Denies Pregnancy-	Date of Last Menstral Cycle	_____
Pregnant		
Post Menopausal	NA	

Neuro/ Musculoskeletal

Accident/Injury	Arthritis	Headaches
Migraines	Limited Range of Motion	MS
Neck/Back Pain	Stroke/TIA	TMJ
Other		

Comments:

Psychiatric

Anxiety	Depression	Bipolar
Schizophrenia	On MAO Inhibitor	Other

Comments:

Diabetes

Diet Controlled	On Insulin	On Oral Medication
Blood Glucose day of Procedure	_____	

Comments:

Miscellaneous

Anemia	Auto Immune	Bleeding Disorder
Cancer	Chemotherapy	HIV/AIDS
Lupus	STD	Steroid Use
Other		

Comments:

Health History

During the past 21 days have you traveled in any of the following areas: West Africa: Sierra Leon, Guinea, or Liberia, or had contact with an individual with confirmed Ebola Virus Disease?

No

Yes-Please explain.

Any recent illness, Infection or exposure?

No

Yes-Please explain.

Isolation Required?

No

Yes-Please explain.

Previous Surgery

Appendectomy	Bowel Resection	Cholecystectomy
Colectomy, total	Gastric Bypass	Hemicolectomy
Hernia Repair	Nissen Fundoplication	Other
T&A	CABG	Arthroscopy
Cesarean Section	Carpal Tunnel	Hip Replacement
Cataract	D & C	Hysterectomy
Knee Replacement	Other	

Comments: **Comments:**

Patient or family history of problems with Anesthesia?

No

Yes-Please explain.

Health History

Any Implants Or Prosthetics?

No

Yes-Please explain.

Removable Dental Work?

No

Yes-Please explain.

Alcohol History None

Rarely/Socially

Daily

Estimated amount and alcohol type

Tobacco History No

Yes

Estimated amount and years you have smoked

Recreational Drug Usage No

Yes-Please explain

Nutritional Status

Normal

Changes in Appetite

Changes in Eating Patterns

Unintentional Weight Loss

Persistent Diarrhea

Persistent Nausea or Vomiting

Usual Diet

Health History Completed by_____Relationship to Patient_____