

Please fill out this form and bring it with you to your scheduled procedure.

Pre-Visit Information

Name: _____ Date of Birth: _____

Reason for Procedure: _____

Prep Taken: Dulcolax Miralax + Gatorade Magnesium Citrate GoLytely Other

Driver Information

Name: _____ Relationship: _____ Phone: _____

May we share information with your driver? Yes No

Health History

If you answer yes, please describe

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

Heart Problems Yes No _____

High Blood Pressure Yes No _____ Sleep Apnea Yes No _____

Respiratory Problems Yes No _____

Gastrointestinal Problems Yes No _____

Liver Problems Yes No _____

Kidney Problems Yes No _____

Glaucoma Yes No _____ Diabetes Yes No _____

Bleeding/Clotting Problems Yes No _____ Pregnant/Nursing Yes No _____

MRSA/VRE Yes No _____

Other _____

Past Surgical Procedures _____

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

Tobacco Use Yes No Alcohol Use Yes No Recreational Drug Use Yes No

Height _____ Weight _____

Allergies and Medications

Allergies and Reaction _____

List all medications, vitamins and herbal supplements that you currently taking.

| Name | Dose | Frequency | Date Last Taken |
|------|------|-----------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

HHF-ENDO-1/2017 rev