

# Northglenn & Denver West Endoscopy Center

## Patient Health History & Medication Reconciliation Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Doctor: \_\_\_\_\_

Referring Doctor (if not your primary doctor): \_\_\_\_\_

Primary Care Provider Office Phone #: \_\_\_\_\_

Reason for procedure: \_\_\_\_\_

### Health History

**Prior Colonoscopy:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Findings: \_\_\_\_\_

#### Heart Disease/Disorders:

- High Blood Pressure
- History of MI (heart attack)
- Arrhythmia: \_\_\_\_\_
- Leaky/Prolapsed Valves
- Other: \_\_\_\_\_

#### Lung Disease/Disorders:

- Asthma
- COPD
- Sleep Apnea
- Oxygen use at home: (when & liters used)  
\_\_\_\_\_
- Other: \_\_\_\_\_

#### Gastrointestinal Disease/Disorders:

- Colonic Polyps
- Personal History of Intestinal Cancer
- Ulcerative Colitis
- Barrett's Esophagus
- Dysphagia (Difficulty Swallowing)
- GERD
- Other: \_\_\_\_\_

#### Family History of Colon Cancer or Colon Polyps:

- Colon Cancer (Relation & Age at Diagnosis)  
\_\_\_\_\_
- Colon Polyps (Relation & Age at Diagnosis)  
\_\_\_\_\_

#### Implanted Medical Devices:

- Pacemaker
- Defibrillator
- Plates/Pins/Screws/Rods
- Artificial Joint(s): \_\_\_\_\_

**Other Health History:** \_\_\_\_\_

#### Diabetes: (Treatment)

- Insulin
- Oral Medication
- Diet
- Most recent blood glucose & date/time  
\_\_\_\_\_

#### Bleeding or Clotting Disorders:

#### Infectious Disease:

- HIV
- Hepatitis (B or C)
- Tuberculosis
- Other: \_\_\_\_\_

#### Pregnancy Status: (if applicable)

- Pregnant
- Hysterectomy
- Post Menopause
- Denies Pregnancy (LMP): \_\_\_\_\_

#### Surgical History:

- Hysterectomy
- Appendectomy
- Cholecystectomy
- Other: \_\_\_\_\_

#### Social History:

- Alcohol
- Tobacco
- Recreational Drugs/Medical Marijuana: \_\_\_\_\_