

Katy Digestive Center, PLLC

PRE-COLONOSCOPY PATIENT QUESTIONNAIRE

INTRODUCTION

Colonoscopy is a relatively short and safe procedure. However, as with any medical procedures, complications are possible (for details, please read the included brochure "COLONOSCOPY"). To minimize the risk of unexpected events or possible complications, please read carefully and complete the questionnaire below. It is important that you answer all questions as accurately as possible. Answers to questions 9 and 10 will be updated at the time of colonoscopy by your physician. At that time, you will also be examined and you will have the opportunity to discuss any important issues with your physician.

PATIENT DEMOGRAPHIC INFORMATION

Full name \_\_\_\_\_ Social Security Number: \_\_\_\_\_
Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Preferred Language: \_\_\_\_\_
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail address: \_\_\_\_\_
Patient Employer \_\_\_\_\_ Address: \_\_\_\_\_
Emergency contact: Name: \_\_\_\_\_ Relation to you \_\_\_\_\_ Phone \_\_\_\_\_
First and Last Name of Referring physician: \_\_\_\_\_ [ ] I do not have a referring physician

INSURANCE INFORMATION

[ ] Check here if you do not have health insurance and you are willing to cover expenses by yourself.
Name of insurance \_\_\_\_\_ Your ID number \_\_\_\_\_
Address of primary insurance: \_\_\_\_\_ Group number \_\_\_\_\_
Telephone: \_\_\_\_\_, Fax: \_\_\_\_\_
Name of insured person (if other than you): \_\_\_\_\_ Relation to you \_\_\_\_\_
Insured's billing address (if different from patient): \_\_\_\_\_

PATIENT HEALTH INFORMATION

Height: \_\_\_ft\_\_\_in Weight: \_\_\_\_\_lbs

GENERAL HISTORY

(Please circle the correct answer (YES or NO) and check all boxes with positive answers to the respective question)

- 1. Are you allergic to any medications? YES NO If YES, list all medications:
2. Do you currently smoke? YES NO If you smoked in the past, when did you quit
3. Do you drink alcohol? YES NO If YES, for how many years: Number drinks/day
Have you ever been diagnosed with colorectal cancer? YES NO If YES, when was the diagnosis made (date)
Did you have colonoscopy(s) performed after diagnosis of colorectal cancer? YES NO If YES, when was your last colonoscopy
4. Do you have a family history (first-degree relatives) of colon cancer? YES NO If YES, check all the relatives with polyps and/or cancer:
4a. Do you have a family member(s) with colon polyps removed? YES NO Explain:



**PAST HISTORY OF HEART DISEASES**

- 12. Have you ever had a heart or lung surgery?      YES    NO
- 13. Do you have a pacemaker?                              YES    NO
- 14. Do you have an implanted defibrillator?            YES    NO
- 15. Do you have an artificial heart valve?              YES    NO
- 16. Have you ever had endocarditis?                    YES    NO
- 17. Have you ever been given antibiotics before  
dental or surgical procedures?                      YES    NO

Please, carefully review all your answers above. **If you are uncertain about some of the answers, leave the space blank or place a question mark. You will have the opportunity to clarify these issues later, during a short interview with a member of our staff.**

**PHARMACY NAME** .....

**PHARMACY PHONE NUMBER**.....

**PLEASE ATTACH A COPY OF YOUR PICTURE ID AND A COPY OF YOUR INSURANCE CARD**

Now, please read carefully the statement below, and sign and date it at the designated space.

**PATIENT STATEMENT**

I have reviewed the above Pre-Colonoscopy Patient Questionnaire, and I have answered all the questions to the best of my knowledge. I understand that incomplete or false information may result in unexpected complications related to the colonoscopic procedure itself or to the conscious sedation. These complications, which may happen even with your excellent health, may include abdominal pain and bloating, bleeding, bowel perforation, and reaction to medications. I also understand and accept the fact that my colonoscopy may not be completed due to inadequate preparation of the colon, my reactions to the medications used for conscious sedation, or excessive risk for complications as decided by the performing physician before or during the procedure. In such case, I may choose to have another colonoscopy at different time, or to have barium enema – a radiological procedure (X-ray) during which a liquid contrast material is used to evaluate colon for presence of polyps and cancers. However, barium enema is generally less sensitive for detection of small polyps and masses than colonoscopy, may be uncomfortable, and does not allow removal of detected lesions. Finally, I may choose not to have any follow-up screening procedure and I understand the possible risks of such a decision.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Now please choose the date for your colonoscopy. Please be advised that fulfilling your request may not always be possible.

- My preferred time frame for the procedure is:
- As soon as possible
  - Within a month
  - Within few months
  - I have no preference