Westerville Endoscopy Center
In partnership with OhioHealth

Patient History Form

GENERAL INFORMATION

Patient Name_____
Height _____ Weight _____
Referring physician_____
Family physician (if different than referring)
_____
Procedure to be performed _____
Reason/symptoms requiring procedure to be performed _____
Name of driver and relationship to patient_____
May we share protected health information and results of procedure with driver? O Yes O No
Have you had anything to eat or drink since midnight? O Yes O No
Name of Colon Prep taken _____
% of prep completed _____
Do you have a living will or durable power of attorney for healthcare? O Yes O No
If you do not, would you like information at your visit today? O Yes O No
Recent Exposure to illness or infection? O Yes O No
Recent travel outside the United States?
O Yes O No Where: _____

PREGNANCY STATUS

1ST DAY OF LAST PERIOD _____
O Pregnant, # of weeks _____
O Not Pregnant
O Hysterectomy
O Tubal Ligation
O Post-menopausal
O Other _____

REMOVABLE DENTAL WORK

O Dentures O Top O Bottom O Full O Partial

SOCIAL HISTORY

Marital Status: Single Married Divorced Widow
Tobacco Use? O Yes O No
If Yes, type _____ amount per day _____
# of years of use_____ Quit date _____
Alcohol Use? O Yes O No
If Yes, type _____ amount per day _____
# of years of use_____ Quit date _____
Recreational/street drug use? O Yes O No
If yes, type _____ amount per day _____
# of years of use _____ Quit date _____
Do you have any body piercings? O Yes O No
Location _____
Do you have any beliefs that would alter healthcare decisions? O Yes O No
If yes, please explain _____

HEALTH HISTORY

Do you currently have, or ever had in the past: (Please mark all that apply.)

Heart

O High Blood Pressure
O High Cholesterol
O CHF
O Chest pain
O Heart Attack
O Irregular heart rhythm
O Pacemaker/AICD
O Artificial Heart Valve
O Coronary Artery Disease
O Rheumatic Fever
O Other _____
O **No Cardiovascular Diseases**

Lungs

O Asthma
O COPD
O Emphysema
O Shortness of breath
O Pneumonia
O Bronchitis
O Tracheotomy
O Sleep apnea/C-pap Setting _____
O Other _____
O **No Pulmonary Diseases**

Stomach/Bowels

O Abdominal Pain
O Acid Reflux/heartburn
O Blood in stool/Rectal Bleeding
O Barrett's Esophagus
O Crohn's disease
O Changes in bowels
O Changes in appetite
O Constipation

O Diarrhea
O Diverticulosis/Diverticulitis
O Difficulty Swallowing/food getting stuck
O Hemorrhoids
O Irritable Bowel Syndrome
O Ulcerative Colitis
O Ulcers
O Weight Loss
O Colon Polyps
O Colon Cancer
O Family member with Colon Cancer _____
O Family member with Colon Polyps _____
O Gallbladder disease/Gallstones
O Hiatus Hernia
O Other _____
O **No Gastrointestinal Disease**

Kidney, Liver, Urinary, Thyroid, Pancreas
O Diabetes
O Pancreatic Cancer
O Hepatitis
O Cirrhosis
O Hypothyroid
O Kidney stones
O dialysis
O BPH (Benign Prostatic Hyperplasia)
O Prostate cancer
O Other _____
O **No Endocrine Diseases**

Muscles, Bones, and Neurological
O Arthritis
O Migraines/chronic headaches
O Neck/back pain
O Paralysis
O Amputation/prosthesis
O Seizures
O Stroke
O TIA/mini-stroke
O MS
O Fibromyalgia
O Other _____
O **No Musculoskeletal or Neurological Diseases**

Miscellaneous
O Anemia
O Other cancers, location _____
O Chemotherapy
O Lupus
O Auto Immune disorders
O Bleeding disorders
O Steroid use
O Other medical conditions not previously listed

_____
O **No other medical conditions/diagnosis**

Psychiatric
O Anxiety
O Depression
O Bipolar
O Other _____
O **No Psychiatric Diseases**

Gynecological
O Breast cancer
O Uterine/Cervical cancer
O Other _____
O **No Gynecological Issues or Diseases**

Communicable Diseases
O HIV/AIDS
O Sexually Transmitted Diseases
O Hepatitis
O C. Diff
O TB
O MRSA/VRE
O Other _____
O **No communicable Diseases**

LIST ALL SURGERIES AND PROCEDURES

_____
_____
_____
_____
_____
_____
_____
_____

PROBLEMS WITH ANESTHESIA OR SEDATION
O Allergic reaction
O Combative
O Persistent nausea
O Persistent vomiting
O Prolonged Sedation
O Low/Unstable blood pressure
O High heart rate
O Other problems

_____
O **No Problems with anesthesia or sedation**