

**PRE-Procedure History**  
**Raj Bhandari, M.D.**

Patient Name: \_\_\_\_\_  
Date of Service: \_\_\_\_\_  
Referring Physician: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_  
Place of Service: \_\_\_\_\_  
Sex: Male \_\_\_ Female: \_\_\_ Pt Wt: \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Allergies to Latex: Yes No IV Dye: Yes No  
Soy: Yes No EGG: Yes No

Previous Adverse experience to sedation? YES NO Explain: \_\_\_\_\_

Have you ever had an EGD/Colon? Yes No If so when/where/MD: \_\_\_\_\_  
Do you have sleep apnea(do you snore, does spouse/partner say you stop breathing at night) Yes No

ASA Classification: \_\_\_\_\_ Procedure: \_\_\_\_\_

Indication for procedure: \_\_\_\_\_

Patient stated complaints: \_\_\_\_\_

**GI HISTORY OF:**

\_\_\_\_\_ ASA/NSAID USE \_\_\_\_\_ BLOOD THINNERS \_\_\_\_\_ Unintentional Wt Loss: Amt: \_\_\_\_\_  
\_\_\_\_\_ Rectal bleeding \_\_\_\_\_ Melena(black stool) \_\_\_\_\_ Dysphagia: solids liquids meds

**Medications:**

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**Surgical:**

Appendix \_\_\_\_\_  
Gallbladder \_\_\_\_\_  
Colon \_\_\_\_\_  
Hemorrhoids \_\_\_\_\_  
Hernia Repair \_\_\_\_\_  
Hysterectomy \_\_\_\_\_  
    Complete \_\_\_\_\_  
    Partial \_\_\_\_\_  
Ulcer \_\_\_\_\_  
Heart \_\_\_\_\_ Cardiologist: \_\_\_\_\_  
Pacemaker \_\_\_\_\_  
Defibrillator \_\_\_\_\_ Type: St Jude / Medtronic  
Stomach \_\_\_\_\_ Gastric bypass/sleeve/banding  
Other: \_\_\_\_\_

**Medical:**

Diabetes \_\_\_\_\_  
Heart \_\_\_\_\_  
HTN \_\_\_\_\_  
Thyroid \_\_\_\_\_  
CHF \_\_\_\_\_  
Cancer \_\_\_\_\_  
    TYPE \_\_\_\_\_  
COPD \_\_\_\_\_  
Other \_\_\_\_\_

**Family History:**

Colon Cancer \_\_\_\_\_  
    Who? \_\_\_\_\_  
    AGE \_\_\_\_\_  
Colon Polyps \_\_\_\_\_  
    Who? \_\_\_\_\_  
    AGE? \_\_\_\_\_  
IBD \_\_\_\_\_  
    ulcerative colitis  
    Crohns  
Celiac Sprue  
    Who? \_\_\_\_\_

Social History: Smoking: Yes No      Chew/Dip: Yes No      Alcohol: Yes No      Substance abuse: Yes No

Time and Nature of last oral intake: \_\_\_\_\_

\_\_\_\_\_  
Dr. Raj Bhandari