

COLONOSCOPY/UPPER ENDOSCOPY QUESTIONNAIRE

**Save this form to the desktop before completing it,
then email to schedule@cohengastro.com or fax to 312-695-4453.**

Last Name: First Name: Gender: Date:

Primary Doctor: DOB: SSN:

Home/Cell Phone: Work Phone:

Address:

City: State: Zip Code:

Credit Card Number: Exp:

****A FEE WILL BE CHARGED FOR CANCELLATIONS OR RESCHEDULING WITHIN**
****2 BUSINESS DAYS OF YOUR PROCEDURE******

Insurance Carrier: Date/Time of Procedure:

1. Procedure you were referred for:

Upper Endoscopy (EGD) Colonoscopy Flexible Sigmoidoscopy

2. Why were you referred for this test?

3. Please check the boxes for any of the following blood thinning medications that you take:

Coumadin (warfarin) Pradaxa (dabigatran) Xarelto (rivaroxaban)
Aspirin Plavix (clopidogrel) Persantine (dipyridamole) Lovenox (enoxaparin)
Brilanta (ticagrelor) Effient (prasugrel) Eliquis (apixaban) Savaysa (edoxaban)

4. Please list all other medications you are currently taking:

5. Do you have any medication allergies? Yes No

6. Please list your medical problems and surgical history including any abdominal surgeries:

7. Do you have diabetes? _____ → Yes No

8. Do you have a pacemaker or implantable defibrillator? _____ → Yes No

9. Are you constipated or have you had a prior poor quality colonoscopy prep? → Yes No

10. Have you had rectal bleeding? _____ → Yes No

11. Have you ever had an upper endoscopy or colonoscopy before? → Yes No
If yes, when and what were the findings?

Was it done at Northwestern or at an Outside Hospital?

12. Do you have any family history of colon cancer or colon polyps? → Yes No
If yes, please list the relative(s) and age(s) of diagnosis:

13. Have you ever had either a colon polyp or colon cancer? → Yes No
If yes, when? What kind of polyp?

14. Please provide a pharmacy phone number so we can call in a prescription for the colonoscopy prep kit.