Endoscopy Health History Form Please fill out this form and bring it with you to your appointment.

Pre-Visit Information								
Name:		DOB	:	_Reason for Proce	edure:			
Prep taken: □ Nulytely □ Miralax & Gatorade □ Magnesium Citrate □ Dulcolax □ Other:								
Prep Results: □ Clear □ Tea Color □ Brown Liquid □ Other								
Driver Information								
Name: Relationship: Phone: If patient is less than 18 years old and driver is someone other than a parent or guardian, please visit www.mngi.com/forms to print and complete the Unaccompanied Minor Patient Authorization Form.								
Medical History								
Height:			Weight:					
Heart Disease:	□ Yes	□ No	Kidney Di	sease/Dialysis	□ Yes	□ No		
Respiratory Problems: Including but not limited to Asthma or	□ Yes Sleep Apneo		Diabetes:		□ Yes	□ No		
High Blood Pressure:	□ Yes	□ No	Seizures/F	ainting:	\Box Yes	□ No		
Hepatitis:	□ Yes	□ No	Pregnant/N	Nursing:	□ Yes	□ No	\Box NA	
History of Anesthesia Problems: □ Yes □ No If Yes, please describe: Past Surgical Procedures:								
Have you had an upper respiratory infection or asthma flare within the last week? \Box Yes \Box No If yes, please call our office prior to starting procedure prep								
An important risk for colon cancer is family history. The following questions can help your physician determine your risk.								
PERSONAL HISTORY								
Have you ever had a colonos If Yes when and whe	1.	Date/	_/ Lo	cation	□ Yes	□ No		

Have you ever had colorectal cancer? Have you ever had precancerous colon polyps?

Do you have inflammatory bowel disease (IBD)? Crohn's Disease or Ulcerative Colitis

FAMILY HISTORY (This information is for blood relatives only)

Do you have a first-degree relative (parent, sibling, child) who had precancerous polyp(s) before age 60?

 \Box Yes \Box No \Box Unknown

 \Box Yes \Box No

 \Box Yes \Box No

 \Box Yes \Box No

Do you have any first degree relatives (parent, sibling, child) who had colorectal cancer before age 60 OR two first degree relatives (parent, sibling, child) who had colorectal cancer at any age?

 \Box Yes \Box No \Box Unknown

 \Box I do not wish to disclose

 \Box Yes \Box No

Do you have more than 3 relatives (parent, sibling, child, aunts, uncles, cousins, grandparent) who have had						
colorectal cancer? Do you have any first degree relativ	ves (parent, sibling, child) who have been dia	\Box Yes \Box No \Box Unknown gnosed with ovarian cancer or				
uterine cancer?		□ Yes □ No □ Unknown				
Race/Ethnicity/Disabilities						
□American Indian or Alaska	□Black or African American	□Latino or Hispanic				
□Native	□Native Hawaiian or other	□White				

Do you have any disabilities which affect your memory or learning?

Medications, Allergies and Reactions (Include Over the Counter/Herbal medications)

□Pacific Islander

Allergies:

□Asian

Reactions:

Medications *	Dosage	Frequency	Last Taken