NOVA INNOVATIVE GASTROENTEROLOGY

PRE-COLONOSCOPY PATIENT QUESTIONNAIRE

INTRODUCTION

Colonoscopy is a relatively short and safe procedure. However, as with any medical procedures, complications are possible. 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 carrier _____
Member ID # _____
Address of primary insurance carrier:_____
Group # _____
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 ?
Have you ever been diagnosed with colorectal cancer?
Did you have colonoscopy(s) performed after diagnosis of colorectal cancer?
YES NO
YES NO
YES NO
If YES, for how many years: _____ Number drinks/day ____
If YES, when was the diagnosis made (date) _____
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:
‰ Mother, at age _____ ‰ Father, at age _____
‰ Brother, at age _____ ‰ Sister, at age _____
‰ Child, at age _____
4a. Do you have a family member(s) with colon polyps removed? YES NO Explain: _____
_____

PREVIOUS HISTORY OF COLONOSCOPIES AND ABDOMINAL DISEASES

5. Have you ever had a full colonoscopy with sedation ?
YES NO If YES, did you have any complications including:
‰ abdominal pain ‰ fever
‰ nausea / vomiting ‰ bowel perforation
‰ abdominal gas / bloating
‰ rectal bleeding after the procedure
‰ other (describe) _____

6. Have you ever had polyps removed during colonoscopy ?
YES NO If YES, how many times _____
● Date of last colonoscopy _____
● How many polyps removed at the last colonoscopy _____
Additional comments: _____
7. Have you ever been diagnosed and treated for
any cancer of an abdominal organ
(including prostate, ovary, uterus, liver,
gallbladder, pancreas, small bowel, stomach,
and abdominal lymphoma) ?
YES NO If YES, which organ was involved _____
_____
_____
8. Have you had any of the surgeries listed below:
‰ Cholecystectomy (removal of the gallbladder) ‰ Appendectomy
‰ Hysterectomy (removal of the uterus) ‰ Hernia repair
‰ C-section
‰ Other not listed (please describe briefly)
_____

MEDICATIONS YOU CURRENTLY TAKE AND PAST MEDICAL HISTORY

9. List all the medications you have been taking within the last two weeks (including the ones taken on “as needed” basis):
_____
_____
_____
_____
10. Specifically, within the last week did you at least once take any of the following medications:
‰ Aspirin, Ibuprofen, Advil, Naprosyn, Voltaren, Aleve or similar anti-inflammatory medications
Coumadin (Warfarin) ‰ Heparin ‰ Lovenox (Enoxaparin)
Plavix (Clopidogrel)
Blood Thinner
‰ Ticlid (Ticlopidine) ‰ Pradaxa (Dabigatran)
11. Have you ever been treated for any of the following disorders:
Asthma
Diabetes
Stroke
Heart attack
Emphysema
Sleep Apnea
YES NO
YES NO
YES NO

YES NO
YES NO
YES NO
Loss of consciousness
Irregular heart beat
Abnormalities in blood clotting
Crohn's disease or ulcerative colitis
Seizures
Hypertension
YES NO
YES NO
YES NO
YES NO
YES NO
YES NO
If YES, how many colonoscopies? _____
When did you have your last colonoscopy _____
3
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. 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 the colon for the 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

I have been seen by Dr. Tokunbo Ajayi in the past: YES NO
Dr. Tokunbo Ajayi performed my previous colonoscopy(s): YES NO
e-mail address (please PRINT:) _____
We will contact you within 10 to 14 days after receiving the Questionnaire. At that time, we will discuss with you the preparation needed for the procedure, name of the physician who will perform your colonoscopy, date and time of the procedure as well as the location of the endoscopy suite. Please expect 10 to 14 days from the time we receive this Questionnaire before we will contact you. If we do not contact you within 14 days, please first check your Answering Machine or Voice Mail for a message from us. If there is no message, please call us at 571 463 3900, option 1 for the nurse and for scheduling. If you have any questions or additional information you would like to share with us at this time please write them in the space below.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
You have reached the end of the Questionnaire. Please make sure that you have signed and dated the Patient Statement on page 3.
Please attach a copy of your picture ID and front and back of your insurance card.
Next, please put the PRE-COLONOSCOPY PATIENT QUESTIONNAIRE in a stamped envelope and mail it to us at:

NOVA Innovative Gastroenterology, PLLC
571-463-3900
571-470-0064
info@nigdoctor.com
24430 Stone Springs Boulevard Suite 250
9306 Forest Point Circ, Suite B Manassas, VA 20110.

You may also fax the PRE-COLONOSCOPY PATIENT QUESTIONNAIRE to 571-470-0064 or email it to :info@nigdoctor.com
The best way to contact you is: ‰ telephone call (#_____-_____-_____)