University of Iowa Hospitals and Clinics
James A. Clifton Center for Digestive Diseases
OPEN ACCESS COLONOSCOPY- MEDICAL HISTORY FORM

Patient's name Last name, First Name): _____ DATE OF BIRTH: _____
Height: _____ Weight: _____
Daytime phone #_____
Referring physician (if any): _____

REASON FOR REFERRAL: Open access colonoscopy to look for polyps

GASTROINTESTINAL HISTORY: (Please check if you are experiencing any of the symptoms below)

☐ HEARTBURN	☐ FOOD GETTING STUCK	☐ NAUSEA/VOMITING	☐ WEIGHT LOSS	☐ CONSTIPATION	☐ JAUNDICE
☐ BLOATING	☐ GET FULL QUICKLY	☐ HICCUPS	☐ WEIGHT GAIN	☐ RECTAL BLEEDING	☐ RECTAL PAIN
☐ DIFFICULTY SWALLOWING	☐ PAIN WITH SWALLOWING	☐ CHOKING	☐ BOWEL HABIT CHANGES	☐ BLACK STOOLS	☐ FATIGUE
☐ ABDOMINAL PAIN	☐ BELCHING	☐ FEVER	☐ DIARRHEA	☐ OTHER (EXPLAIN)	_____

*Note: If an patient is experiencing any of the above symptoms, he or she will be scheduled for a pre-screening consult visit in our GI Clinic prior to procedure.

PAST MEDICAL HISTORY

DO YOU HAVE ANY OF THE FOLLOWING				PAST SURGICAL HISTORY	
☐ HEART DISEASE	☐ HEART BYPASS	☐ HEART TRANSPLANT	☐ IRREGULAR HEARTBEAT	ESOPHAGEAL	☐
☐ HAVE PACEMAKER OR IMPLANTED DEFIBILLATOR DEVICE			☐ HEART STENT	SMALL BOWEL	☐
☐ HIGH BLOOD PRESSURE (BP)		☐ TAKE MEDICATION FOR HIGH BP		COLON	☐
☐ HISTORY OF EMPHYSEMA		☐ CHRONIC BRONCHITIS	☐ FREQUENT PNEUMONIAS	PANCREAS	☐
☐ TB	☐ SLEEP APNEA	☐ ASTHMA	☐ ASBESTOS LUNG	GALLBLADDER	☐
☐ HISTORY OF KIDNEY DISEASE		☐ ON DIALYSIS	☐ KIDNEY TRANSPLANT	LIVER	☐
☐ HISTORY OF LIVER DISEASE	WHAT KIND?			OBESITY	☐
☐ HISTORY OF BLEEDING DISORDER	WHAT KIND?			OTHER	☐
☐ HAVE YOU EVER HAD BLOOD CLOT IN LUNG OR LEGS		☐ LOW PLATELET COUNT		PLEASE LIST:	
☐ HISTORY OF ANEMIA	☐ BRUISE EASILY	☐ BLOOD TRANSFUSION	WHEN?		
☐ HAVE DIABETES	☐ TAKE DIABETES MEDICATIONS		☐ TAKE INSULIN	ALLERGIES	
☐ HAD SEIZURE	☐ TAKE SEIZURE MEDICATION				
☐ ARE YOU ON ANY BLOOD THINNERS					
☐ DO YOU USE OXYGEN DURING DAY OR NIGHT?		☐ DO YOU SNORE LOUDLY WHEN ASLEEP?		OCCUPATION:	

HAVE YOU HAD A PREVIOUS ENDOSCOPY? Y / N

FAMILY HISTORY

HAVE YOU PREVIOUSLY BEEN DIAGNOSTED WITH CANCER? YES/ NO TYPE:

HAS ANYONE IN YOUR FAMILY BEEN DIAGNOSED WITH CANCER? TYPE/ RELATIONSHIP:

☐ IBS ☐ IBD ☐ LIVER DISEASE ☐ ANEMIA
☐ COLON POLYPS

WHAT KIND?
WHERE?
WHEN?
RESULTS?

PLEASE LIST ALL CURRENT MEDICATIONS BELOW

Please mail of fax completed form to:

James A. Clifton Center for Digestive Diseases
ATT: Screening Colonoscopy
200 Hawkins Drive, John Colloton Pavilion
Iowa City, IA 42252
FAX: 319.384.8559
PHONE: 319.356.4901