VAUGHAN ENDOSCOPY CLINIC

Vaughan Endoscopy Clinic Inc.
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PATIENT MEDICAL HISTORY

Referring Doctor's Name:
Patient Name: (First) (Last)
Day Phone #: **Address:** **Evening Phone #:** **Cell Phone #:** **Address:**

Date of Birth:	**Height:**	**Weight:**

SOCIAL HISTORY

# of alcoholic drinks per week? None ❑, 1-7 drinks/week ❑, 8-20 drinks/week ❑, ≥21 drinks/week ❑ **# of cigarettes smoked per day? None ❑, 1-20 per day ❑, 21-25 (1 pack) per day ❑, ≥1 pack per day ❑**
What type of work do you do? Employed ❑, Homemaker ❑, Retired ❑, or Specify_____
Marital Status Single ❑, Married ❑, Divorced ❑, Widowed ❑

MEDICATIONS:

- **Are you currently taking Aspirin?** ❑ Yes ❑ No
- **Are you currently taking any blood thinners?** ❑ Yes ❑ No
- **Any adverse reaction to sedation ?** ❑ Yes ❑ No
- **Allergic reactions to any medications ?** ❑ Yes ❑ No

If yes, specify:_____

- **Currently taking any other medications?** ❑ Yes ❑ No

If yes, specify ALL MEDICATIONS below:

MEDICAL / SURGICAL HISTORY:

- **Have you had a Stress Test, Holter, Echo (ultrasound of heart) or Angiogram?** ❑ Yes ❑ No **Year:**_____
- **Do you have a personal or family history relating to colonic disease, including colonic polyps or cancer?**
  If yes, specify_____
- **Any other significant past Medical / Surgical history (must include all abdominal surgeries)?**
  If yes, specify

A missed appointment fee of $150 will be charged if sufficient cancellation notice is not given (72 hours prior to the procedure). Ensure that you read and carefully follow the Patient Instructions sheet starting 2 days before the test.

Patient Signature: _____ **Date: _____**