



**VAUGHAN  
ENDOSCOPY  
CLINIC**

Vaughan Endoscopy Clinic Inc.  
4610 Highway #7, suite. 200, Vaughan, Ontario L4L 4Y7  
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**PATIENT MEDICAL HISTORY**

In order to proceed with booking a colonoscopy, you must fill out this form and mail or fax it to us.

**Referring Doctor's Name:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_  
(First) \_\_\_\_\_ (Last)

**Day Phone #:** \_\_\_\_\_  
**Evening Phone #:** \_\_\_\_\_  
**Cell Phone #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**SOCIAL HISTORY**

# of alcoholic drinks per week? None , 1-7 drinks/week , 8-20 drinks/week ,  $\geq 21$  drinks/week   
# of cigarettes smoked per day? None , 1-20 per day , 21-25 (1 pack) per day ,  $\geq 1$  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  
*(We prefer if you stop taking aspirin 5 days prior to the procedure, unless you or your physician wants you to stay on it.)*
- 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:** \_\_\_\_\_