

MEDICAL UPDATE FOR PATIENTS HAVING A FOLLOW-UP COLONOSCOPY

Prior to scheduling your follow-up colonoscopy, it is important for me to be aware of any changes or events affecting the status of your health which may need to be considered as we plan your upcoming colonoscopy. Please be as specific as you can when answering the questions below.

1. What medications are you now taking? Please include doses. Include non-prescription medications, such as aspirin, ibuprofen, Motrin, Advil, Alleve, Naproxyn, vitamin E, laxatives and suppositories. _____

2. Circle any of the following blood-thinning medications that you may be taking: Coumadin, Plavix, Aggrenox. Who is the prescribing physician? _____
For what condition are you taking this? _____
3. Please list all surgeries you have had in your lifetime (include dates): _____

Have you been hospitalized for any condition since your last colonoscopy? Please name condition and approximate dates. _____
4. List any allergies to medications: _____
5. Have you difficulty breathing (asthma, COPD, emphysema)? _____
Do you use supplemental oxygen? _____
6. Have you had a heart attack since last colonoscopy? _____ If so, when _____
Have you been troubled by chest pain, chest pressure or smothering in the past year? _____
Do you have atrial fibrillation? Do you have any other abnormal heart rhythm? _____
Are you aware of any problem with the valves of your heart? _____
7. Do you have an implantable defibrillator? _____ Do you have a pacemaker? _____
8. Have you ever had a stroke or T.I.A. (mini-stroke)? _____ When? _____
9. Are you aware of any problems with your kidney function (renal failure)? _____
10. Circle any of the following you may have had recently: rectal bleeding, diverticulitis, severe or persistent diarrhea, severe or persistent abdominal pain, recent vomiting
11. How many days per week do you have bowel movements? _____
12. Do you use laxatives? _____
13. Has anxiety been a major problem recently? _____
14. Is there any other medical issue you think I may need to know about in planning your colonoscopy? _____
15. Who is your present primary care physician? _____

HEIGHT _____ WEIGHT _____ TODAY'S DATE _____

Thank you for your help in making your colonoscopy as safe and best suited to your needs as possible.

Jay A. Cherner, M.D.