

# GTA ENDOSCOPY SERVICES INC. MEDICAL QUESTIONNAIRE

Name: \_\_\_\_\_ MALE  FEMALE

DATE OF BIRTH: \_\_\_\_\_ FAMILY DOCTOR: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ cm or \_\_\_\_\_ ft \_\_\_\_\_ in WEIGHT: \_\_\_\_\_ kg or \_\_\_\_\_ lbs

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE: \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

CURRENT MEDICATIONS: if NONE ( please check)

MEDICATION	DOSAGE	TIMES TAKEN	REASON FOR USINGMEDS

DRUG ALLERGIES: if NONE ( please check)


OTHER ALLERGIES: if NONE ( please check)

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PREVIOUS SURGERY: if NONE ( please check)

## PAST MEDICAL HISTORY

NAME OF OPERATION	APPROXIMATE YEAR DONE

	YES	NO	DON'T KNOW
Have you had trouble with your heart? ( Please tick) ----Angina                      ----- Previous Heart Attack ---- Heart Failure            ----Heart valve replacement			
Have you been told you had high blood pressure or had treatment for High Blood Pressure?			
Do you get any trouble with your breathing? ____ Asthma      ____ Bronchitis      ____ Emphysema ____ COPD			
Have you ever been told you have sleep apnea? If yes, do you use a CPAP machine?			
Do you smoke? how many cigarettes a day? ____ For how many years? ____ If you quit, how long ago? ____ years			
Do you drink alcohol? How much per week? ____			
Have you ever taken street drugs?			
Do you have a ____ hiatus hernia, ____ heartburn ____gastroesophageal reflux?			
Have you ever had a stomach ulcer or bowel problems (eg Crohn's)?			
Do you have Diabetes?			
Do you have liver problems?			
Do you have Kidney trouble? If yes, specify.			
Do you have a bleeding disorder or a problem with blod clotting? If yes, please specify.			
Have you ever had a stroke or seizure?			
Do you have false teeth or loose caps?			
Do you have a family history of problems with anaesthesia or malignant hyperthermia? If yes, please explain			
Could you be pregnant at this time?			
Is there any family history of sickle cell disease?			
Is there a family history of Cancer? If yes please list.			
Has a first degree relative (parents, siblings, or your children) ever had colon (large intestine) or rectal cancer?			
Have you had a positive stool test results?			

\*(Office staff to fill out BP \_\_\_\_\_ Pulse (bpm) \_\_\_\_\_ Spo2 \_\_\_\_\_)\*