

**NORTON GASTROENTEROLOGY CONSULTANTS OF LOUISVILLE
SCREENING COLONOSCOPY (OR ENDOSCOPY)**

Name: _____ Male / Female Date of Birth: _____

Physician Preference: Adler Mark Siciliano Joseph Dixit

Facility Preference: Suburban OBC BHE Date of Procedure: _____

Do you have medical history of (please circle)?

 High blood pressure Diabetes Heart disease Lung disease Kidney disease

Have you had joint replacement? _____ Which joint? _____ When? _____

Have you had heart surgery/valve replacement or heart stenting? _____ When? _____

Cardiologist's Name: _____

Do you have a pacemaker/defibrillator? _____

Medications you are currently taking (please circle):

Coumadin/Warfarin/Jantoven Pradaxa/Dabigatran Xarelto/Rivaroxaban Plavix/Clopidogrel
Effient/Prasugrel Lovenox/Enoxaparin Arixtra/Fondaparinux Brilinta/Ticagrelor Fragmin
Eliquis/Apixaban Aggrenox/ASA with Dipyridamole Ticlid/Ticlopidine Persantine/Dipyridamole

Physician who manages blood thinner: _____

Name of Other Medications (or attach list)	Dose	Name of Physician
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List allergies to medications and type of reaction:

Are you allergic to latex? _____

Have you had a sigmoidoscopy? _____ When? _____ When was your last EGD? _____

Have you had a colonoscopy? _____ When? _____ Findings: _____