

Please answer the following questions.

Once you have finished, please either fax this to us at 919.714.6010

or mail it to:

Wake Gastroenterology Attn: Scheduling Dept.

3100 Blue Ridge Road, Ste. 300

Raleigh, NC 27612

One of our schedulers will contact you to schedule your appointment.

Name: _____

Chart #: _____

GI Scheduling Questionnaire

- Do you have a pacemaker, defibrillator, congestive heart failure, liver disease, or kidney disease?
- Have you had a heart attack or stent placed? Yes No If Yes, when? _____
- Do you have micro valve prolapse? Yes No Have you had heart valve replacement? Yes No
- Do you weigh UNDER 250 pounds? Yes No
 - If over 250 pounds, what is your height? _____
- Current Insurance: _____
 - (if able, please fax an enlarged copy of the front and back of your card to: 919-714-6010)
- Are you on dialysis? Yes No
- Are you on oxygen? Yes No
- Do you use a CPAP machine? Yes No if yes, do you have moderate or severe sleep apnea?
Moderate Severe
- Do you have any trouble being intubated? Yes No Have you received an intubation letter?
Yes No
- Do you take Coumadin or Plavix? Yes No
 - If yes, who is the prescribing doctor? _____
 - Doctor's Phone number: _____
- Do you take aspirin, fish oil, vitamin E, or any other blood thinners regularly? Yes No
- Are you allergic to latex? Yes No if yes, does it cause breathing problems? Yes No
- Are you allergic to soy/eggs? Yes No If yes, does it cause breathing problems? Yes No
- Regularity of bowel movement without laxative use: Every Day Every Other Day
 Weekly Other _____
- Are you currently taking any antidepressants, anxiety or pain medication on a regular basis? Yes No
 - If Yes, please list: _____
- Are you diabetic? Yes No If YES, consult with your prescribing doctor to confirm that it's ok to hold the morning dose until after your procedure. If you are on insulin, ask your doctor about your insulin management for your procedure prep.
- I am a New Returning patient; My primary care/referring doctor is: _____
- Preferred Pharmacy for your prep prescription to be sent to: _____
- GI Doctor referred to: Barish Ender Herschelman Kaplan or 1st available

Best number to be reached at: _____

Best time of day to be reached: AM _____ PM _____

I prefer to be contacted via email. Yes No

If yes, provide your email address: _____