Patient History & Physical

Have you ever had the following:	YES	NO
Personal history polyps	☐	☐
Family history polyps	☐	☐
Family history colon cancer	☐	☐
High blood pressure	☐	☐
Heart trouble	☐	☐
Under care of cardiologist	☐	☐
Name: Phone:		
Constipation or obstruction	☐	☐
Kidney Disease or Ascites	☐	☐
Gastric bypass/stapling	☐	☐
Other Stomach Problems (IBS, etc)	☐	☐
Mitral Valve Prolapse	☐	☐
Epilepsy or seizures	☐	☐
Muscle weakness	☐	☐
Paralysis/Stroke	☐	☐
Neck or Back trouble	☐	☐
Arthritis	☐	☐
Lung Disease/Asthma	☐	☐
Anemia	☐	☐
Lupus	☐	☐
Hiatal hernia/acid reflux	☐	☐
Cancer (type & location)	☐	☐
Jaundice, cirrhosis	☐	☐
Blood disease	☐	☐
Diabetes (IDDM or NIDDM)	☐	☐
Blood Vessel Disease	☐	☐
Thyroid (hyper or hypo)	☐	☐
Glaucoma	☐	☐
Sleep Apnea	☐	☐
CPAP at night	☐	☐
Dental caps or bridges	☐	☐
False or loose teeth	☐	☐
Other:		
Medications: SEE MED REC FORM **B/P HRT WP**		

Procedure Date: **Time:** **Prep:**		
Age HT WT		
Anesthesia needed? ☐ YES		
Number of BMs per day		
	YES	NO
Are you pregnant? LMP?	☐	☐
DO YOU :Smoke? pkg/day	☐	☐
Do you drink? ☐ Occ ☐ Mod ☐ Hvy	☐	☐
Use recreational/street drugs	☐	☐
Aspirin/blood thinner? # daily	☐	☐
Wear glasses/contacts	☐	☐
Body piercing (beside ears):	☐	☐
Reactions to **tape, latex, bandaids, etc:**	☐	☐
Take antibiotics before dental visits?	☐	☐

LIST ALL ALLERGIES:	**Reaction**

List of Surgeries:	**Date**

PATIENT SIGNATURE:
Date:

VS: Temp HR B/P O2

FOR PHYSICIAN USE/History & Physical Form **Date** **Time**

Indications/symptoms (Chief complaint)

Pertinent Medical History:

HEENT:

Cardiovascular:

Respiratory System:

Abdomen:

Rectal/Pelvic:

Genitourinary:

Extremities:

Level of consciousness: ☐ Alert and oriented X3 ☐ Other

Plan:

ASA RISK ASSSESSMENT (circle one) I II III IV V

LAB DATA: Normal ☐ Abnormal ☐ N/A ☐

I have discussed the plan for conscious sedation and the procedure including options, risks and alternatives with____ patient ____ family

Patient is an appropriate candidate for conscious sedation ☐ YES ☐ NO

Physician's Signature _____