NORTHFIELD SURGICAL CENTER

PRE-PROCEDURE QUESTIONNAIRE

Name: ____ **Date of Procedure:** _______________

Age: __________ **Height:** __________ **Weight:** _________

Procedure: ☐ EGD ☐ Colonoscopy ☐ Pain Management Date of Last Colonoscopy:

REASON for the procedure:

MEDICAL HISTORY
MARK THE BOX ONLY IF YOU HAVE/HAD ANY OF THE CONDITIONS BELOW:

☐ NO HISTORY	☐ Cancer	☐ COPD	☐ Heart Attack	☐ HIV Testing	☐ Liver disease
☐ Anemia	Type: ____________	☐ Diabetes	☐ Heart Murmur	☐ High BP	☐ Prostate
☐ Angina	☐ Crohn's	☐ Emphysema	☐ Heart Valve	☐ Hyperlipidemia	☐ Sleep Apnea
☐ Asthma	☐ CHF	☐ Epilepsy	☐ Hemophilia	☐ Irritable Bowel	☐ Stroke (CVA)
☐ Atrial Fib	☐ Cholesterol	☐ GI Ulcer	☐ Hemorrhoids	☐ Kidney disease	☐ TIA
☐ Coronary Artery	☐ Colitis	☐ Glaucoma	☐ Hepatitis	☐ Kidney stones	☐ Thyroid
☐	☐	☐	☐	☐	☐

ALLERGIES (include Medications/Food/Contact (powder)/Latex (balloons, rubber gloves, bananas, avocados ,eggs,potatoes)

Allergic to:	Reaction	Allergic to:	Reaction	Allergic to:	Reaction
☐ None Known	NA				

CURRENT MEDICATIONS (Include over-the-counter, vitamins, herbal, supplements, alternate medicines)

Medication/Dose/Frequency	Medication/Dose/Frequency	Medication/Dose/Frequency

Surgery/Previous Hospitalization: Write in the Date Done and Name of Procedure or Surgery

1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

Did you or any relatives ever have a reaction to sedatives or anesthesia? ☐ No ☐ Yes:

Implants?: ☐ None ☐ Pacemaker ☐ ICD ☐ Knee ☐ Hip ☐ Heart Valve Surgery | ☐ Dentures ☐ Loose Teeth ☐ Hearing Aid

Smoke? ☐ No ☐ Yes…Packs a day ___ | Alcohol? ☐ No ☐ Yes | Street Drugs? ☐ No ☐ Yes

Any religious/cultural/dietary restrictions? ☐ No ☐ Yes:

Advance Directives for Health Care: ☐ No ☐ Yes If yes, bring copy on day of admission ☐ No copy available

TRANSPORTATION ARRANGEMENTS

You will be sedated during your procedure. You must not drive yourself home. Therefore, please make arrangements for someone to drive you home. As an alternative, your escort may accompany you home in a taxi. This rule is for your safety and is strictly enforced. Anyone scheduled after 3:00PM should have the driver/escort stay and wait at the Center.

Your signature below acknowledges that you understand and agree to this rule.

PATIENT SIGNATURE: ______________________________________

☐ Prepared by Patient; Reviewed and verified (or modified) by RN

Nurse Signature:_________________________________ Date:_______ Time:_______