

GASTROENTEROLOGY HEALTH QUESTIONNAIRE

PLEASE COMPLETE THIS FORM IN PEN AND BRING IT WITH YOU ON THE DAY OF YOUR PROCEDURE.

IF YOU HAVE A HEALTHCARE PROXY, OR LIVING WILL, PLEASE BRING A COPY WITH YOU FOR OUR MEDICAL RECORD.

Addressograph

1. Name: _____ Birthdate: _____

2. IF YOU ARE BEING SEDATED, YOU MUST HAVE A RESPONSIBLE ADULT TO DRIVE YOU HOME

Driver's Name: _____

In waiting room

Please call driver - phone number: _____

Driver will return at (time): _____

**Please instruct your driver to come to the unit to receive discharge instructions and to escort you to the car.
You can take a taxi ONLY if you have a responsible adult to escort you. We do not consider the taxi driver your escort. Taking a bus home is not acceptable. IF YOU DO NOT HAVE SOMEONE TO DRIVE YOU HOME, YOUR PROCEDURE WILL BE CANCELLED.**

3. Do you speak and/or understand English? Yes No

If you do not speak English, you are welcome to bring someone to help you or let us know in advance so we can make arrangements for an interpreter.

4. What medical problems/symptoms are you having that require you to have this procedure? _____, or is this a colon screening? Yes No

5. Is there a history of colon cancer in your family? Yes No

If Yes, what is their relationship to you? _____

6. Please check the following that apply to you (the patient):

- Cancer _____
- Diabetes
- Stroke
- Thyroid Disease
- Seizures
- Kidney Disease
- Dialysis shunt, mediport
- Glaucoma
- Asthma, emphysema
- Sleep apnea
- Joint replacements/prosthesis
- Pacemaker/Defibrillator (bring medical alert card)
- Tobacco, type _____
- Are you pregnant? Yes No N/A
- Other:
- Arthritis
- Blood clots
- Heart attack, angina
- Irregular heart beat
- Heart Valve Replacements
- High Blood Pressure
- High Cholesterol
- Anemia
- Ileostomy
- Colostomy
- History of colon polyps
- Colitis, Crohn's disease
- Irritable bowel syndrome
- Diverticulosis/Diverticulitis
- Hiatal Hernia
- Gastric ulcers
- Barrett's esophagus
- Hepatitis
- Liver Cirrhosis/Jaundice
- GERD (Gastroesophageal Reflux Disease)
- Pancreatitis
- Drink alcohol, frequency _____
- Recreational drugs, name _____

Last menstrual period: _____

7. List all surgeries you have had, and when you had them: _____

Please read the following instructions carefully:

Parking: Park in the Portland Avenue Garage. Enter the hospital on the Lobby level.
(See map on back for directions to Pre-admission & Registration)

Arrival time: Arrive at _____ on _____. This is **1 hour** before your scheduled procedure. Patients needing antibiotics prior to the procedure, interpretation services, blood draw or other special needs will be instructed by their physician to arrive **2 hours** earlier than their scheduled procedure.
Patients having an ERCP procedure need to arrive **2 hours** prior to the scheduled procedure time.

Your stay in APC will be approximately 2 hours (3-4 hours for ERCP) including registration and recovery time.

Bring the following with you:

- Completed **health questionnaire with your completed list of your current medications and dosages**, including over the counter medicines, and **allergy** information. This is included in the paperwork you received from your physician.
- A copy of your **Health Care Proxy and/or Living Will**.
- **Pacemaker or implanted defibrillator identification card** and the name of your **cardiologist**.
- **Spinal cord stimulator remote control**.

Safety considerations:

- For your safety and security, **do not wear any jewelry and do not bring valuables or money**.
- Wear comfortable, loose fitting clothes and sensible shoes.
- If you are having a colonoscopy, meticulous bowel cleansing is important for the safety and success of this procedure. Please follow the instructions given to you by your physician's office for your bowel preparation.
- If you receive sedation for your procedure, **you must have a responsible adult drive you home. YOU MAY NOT DRIVE FOR THE REMAINDER OF THE DAY.**
 - Your ride may wait in the waiting room
 - Your ride may leave and **pick you up in APC** after your procedure. They may park for a short time in the Discharge lot on the southwest corner of the hospital.
 - A taxi may be used **only** if you have someone to accompany you. **A bus is not acceptable.**
- After discharge, if you have been sedated, you **may not do the following for the remainder of the day**
 - Work
 - Drive
 - Operate machinery
 - Make major decisions
 - Drink alcohol

For any of the following questions, please call the office of the physician performing your procedure:

- Questions regarding your scheduled procedure time or need to cancel
- Questions regarding your bowel preparation for colonoscopy
- Questions regarding medicines you may or may not take prior to your procedure

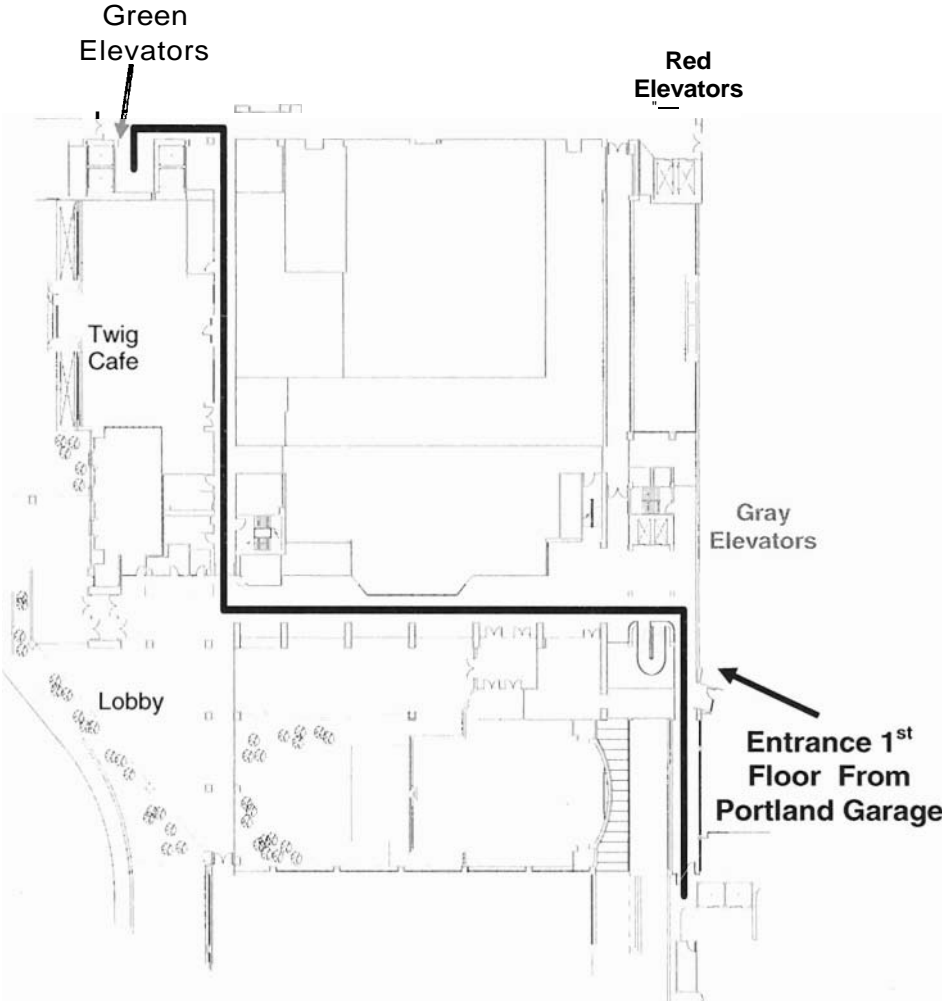
If you have questions regarding any other information on this instruction sheet, please call 922-4689 Monday – Friday between 6:30am and 4:30 pm.

We want you to receive very good care. Please contact Katherine Sheridan RN, BSN, CNA, BC, Senior Nurse Manager of Ambulatory Procedure Center for any comments, questions or concerns at 922-4685 prior to or after your procedure.

Ambulatory Procedure Center

Rochester General Hospital
1425 Portland Avenue
Rochester, New York 14621
1-585-922-4689

First Floor Map Garage to Green Elevators



Second Floor Map Green Elevators to Pre Admission & Registration

