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Patient Profile

Please return this form to Carolina Gastroenterology 2 weeks prior to your procedure

Name (print): _____ Date of Birth: _____ Procedure Date: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Primary Care Physician: _____ Reason for Procedure: _____

Drug Allergies & Reaction: _____ LATEX ALLERGY: Y N

PLEASE LIST ALL MEDICATIONS YOU TAKE, PRESCRIPTION AND NON-PRESCRIPTION

Medicine & Dose-Reason Taken	Medicine & Dose-Reason Taken	Medicine & Dose-Reason Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

BLOOD THINNERS: Do You Take: Aspirin, BC powder, Aleve, Motrin, Ibuprofen, Vitamin E
Blood Thinners Such As: Coumadin, Warfarin, Plavix, Lovenox, or Ticlid? Y N

MEDICAL HISTORY: HEIGHT _____ WEIGHT _____

PLEASE CHECK IF YOU HAVE OR HAVE HAD ANY OF THE FOLLOWING:

CARDIAC: High Blood Pressure High Cholesterol Mitral Valve Prolapse Irregular Heart Rate Angina
Heart Disease (TYPE) _____ Stent Pacemaker Heart Attack (MI) Congestive Heart Failure

PULMONARY: Asthma Emphysema COPD Sleep Apnea

GI: Acid Reflux Barrett's Esophagus Colitis / Crohn's Colon Polyps Colostomy Ulcers
 Diverticulosis / Diverticulitis Colon Cancer

GU: BPH Urinary Incontinence

KIDNEY/ENDOCRINE: Diabetes Kidney Failure / Dialysis Thyroid Problems

NEUROLOGIC/MUSCULAR: Stroke Parkinson's Migranes TIA'S Seizures: Date Of Last Seizure _____

PSYCHOLOGIC: Depression Anxiety Mental Illness (type) _____

AUTOIMMUNE: Rheumatoid / Osteo Arthritis Lupus HIV/AIDS

MISC: Anemia Bleeding Disorder Cancer (type): _____ Radiation / Chemo Date: _____
Pregnant Y N Breast Feeding Y N

OTHER ILLNESSES NOT LISTED: _____

Do you have to take antibiotics before a medical or dental procedure? Y N

FAMILY MEDICAL HISTORY: LIST FAMILY MEMBER THAT HAD THE FOLLOWING DISEASE (Immediate family only)

Cancer: Esophageal _____ Colon _____ Stomach _____ OTHER _____

Diabetes _____ High Blood Pressure _____ Heart / Lung Disease _____

ENDOSCOPY/SURGICAL HISTORY (list date and type of surgery)

Have you ever had any problems with anesthesia? Y N _____

SOCIAL HISTORY Do You Smoke? Y N # Packs/day _____ Smokeless Y N (amount) _____

Alcohol use: Never Occasionally Daily (# drinks/day) _____