

◆ *Washington Square Endoscopy Center, LLC* ◆

230 West Washington Square

Philadelphia, PA 19106

Neurologic diseases? **YES** **NO**

Stroke	TIA (mini stroke)	Migraines
Neuropathy	Seizure disorder	Date of last seizure:
Other:		

Endocrine diseases? **YES** **NO**

Insulin dependent diabetes	Non insulin dependent diabetes
Hypothyroidism (under active thyroid)	Hyperthyroidism (over active thyroid)
Other:	

Cancer? **YES** **NO**

What type/where?			
Treatment:	Surgery	Chemotherapy	Radiation
Comments:			

Psychiatric diagnosis/treatment? **YES** **NO**

Comments:

Additional diseases/disorders? **YES** **NO**

Anemia	Glaucoma	Musculoskeletal disease
Immune deficiency disease/disorder		

Females:

Do you get your period?	YES	NO	
Are you or could you be pregnant?	YES	NO	Last menstrual period?

Other medical conditions not listed: (include any treatment for chronic pain)

Have you ever had surgery? **YES** **NO**

What type/when?

Previous GI procedures?	Endoscopy	Colonoscopy
	ERCP (endoscopy of the bile ducts/pancreas)	Flexible Sigmoidoscopy

Have you ever had anesthesia? **YES** **NO**

Have you ever had a problem with anesthesia?	YES	NO	
Explain:			
Has a blood relative ever had problems with anesthesia?	YES	NO	
Explain:			

YOUR SOCIAL HISTORY:

Do you smoke?	NO	YES	How much?	How many years?
Do you drink alcohol?	NO	YES	Average number of drinks per month?	
Do you use recreational drugs?	NO	YES	Type:	Frequency:

What is your current height? _____ What is your current weight? _____

Signature

Date