Gastrointestinal Associates, Inc.

Open Access Colonoscopy Questionnaire

This form may be completed online at www.gastropa.com

Gastrointestinal Associates has developed a program which allows healthy individuals between the age of 45 and 70 to schedule screening colonoscopy without the need for an office visit before the procedure.

EVERY QUESTION MUST BE ANSWERED OR WE WILL NOT BE ABLE TO SCHEDULE AN OPEN ACCESS COLONOSCOPY. Be advised that your submission will be reviewed, and depending upon the answers, you may need to have an office visit prior to the Colonoscopy.

Name_____ **Phone #:**_____ **DOB:**_____

1. Your Current Age is: _____

   Those who desire colon cancer screening below age 45 or above age 70 are encouraged to schedule an office visit to determine if screening is medically appropriate.

2. What is your height (inches)? _____ What is your weight (lbs.)? _____

3. Do you have any gastrointestinal symptoms such as

   a. abdominal pain Yes ☐ No ☐
   b. bleeding Yes ☐ No ☐
   c. weight loss Yes ☐ No ☐
   d. difficulty swallowing Yes ☐ No ☐
   e. frequent diarrhea Yes ☐ No ☐
   f. personal history of Colon Cancer Yes ☐ No ☐

4. Do you have or have been treated for any of the following?

   a. ulcerative colitis or Crohn's disease Yes ☐ No ☐
   b. heart attack, irregular heartbeat, coronary artery bypass or stent placement, congestive heart failure Yes ☐ No ☐
   c. stroke, seizure, or fainting spells Yes ☐ No ☐
   d. renal failure or dialysis Yes ☐ No ☐
   e. sleep apnea or respiratory problems (COPD, emphysema, home oxygen or active asthma) Yes ☐ No ☐
   f. defibrillator, pacemaker, or artificial heart valve Yes ☐ No ☐
   g. organ transplant other than cornea Yes ☐ No ☐
   h. diabetes Yes ☐ No ☐
   i. bleeding disorders Yes ☐ No ☐

5. Do you experience chest pain or shortness of breath? Yes ☐ No ☐

6. Do you take any blood thinners other than aspirin? Yes ☐ No ☐

7. Have you had a colonoscopy in the past? Yes ☐ No ☐

   a. If YES:
      i. Was this performed by Gastrointestinal Associates Yes ☐ No ☐
      ii. Date of colonoscopy: _____
      iii. Facility where completed: _____
      iv. Physician performing colonoscopy: _____
      v. Office phone number of physician (if not GIA): _____

If the procedure was not done by Gastrointestinal Associates, we will need to obtain a copy of the procedure report and any biopsy results. You will need to sign a Medical Release for this.

8. Do you have a family history of Colon Cancer or Polyps? Yes □ No □
If Yes, which relative had cancer or polyps and how old were they?

_____

9. Are you taking any medications for High Blood Pressure? Yes □ No □

10. Do you currently smoke? Yes □ No □

11. How often do you drink alcohol: Never □ Daily □ Weekly □ Monthly □

12. Do you use any illicit drugs? Yes □ No □

13. Do you have any medication allergies? Yes □ No □ ***If Yes, please list.***

_____

14a. Do you take any prescription medications? Yes □ No □
If yes, please list all prescription medications that you take:

Prescription Medication Name

14b. Do you take any ***herbals and over the counter*** medications? Yes □ No □
If yes, please list all other medications that you take:

Vitamins, Herbals & OTC Medication Name

15. Have you had difficulty with anesthesia other than nausea? Yes □ No □
If yes, describe the difficulty

_____

16. Have you ever had Colon Surgery (**NOT A COLONOSCOPY**)? Yes □ No □
If yes, describe the surgery and the date you had it.

_____

17. Have you had Joint Replacement Surgery in the last 3 months? Yes □ No □

18. Have you ever had any of the following surgeries?

a. Obesity surgery	Yes □ No □
b. Appendectomy (appendix removal)	Yes □ No □
c. Cholecystectomy (gallbladder removal)	Yes □ No □
d. Hysterectomy	Yes □ No □
e. Cesarean section (C-section)	Yes □ No □
f. Tonsillectomy	Yes □ No □

g. Any other surgery: _____

19. Are you able to walk without help? Yes □ No □

20. Is there a physician with whom you prefer to be scheduled? Name: _____

21. Do you prefer a Male or Female physician? Male □ Female □ No Preference □

Please complete all pages of this form and fax or mail to:

Gastrointestinal Associates, Inc.
OAC Processing
1095 Rydal Road, Suite 100
Jenkintown, PA 19046

Ph: 267.620.1100
Fax: 215.572.1279