

**Gastroenterology Associate of Ithaca**

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**SAUNDERS, KEVIN E**  
 Lemberg MD, Brent D.  
 END DOB 05/01/56 54  
 0597460

DATE: 4/11/11

**Endoscopy History and Physical Form**

Procedure: colonoscopy

Indications: screening

Pertinent Medical History: \_\_\_\_\_

**Physical Examination:**

**Negative**

General:  \_\_\_\_\_

Gastrointestinal:  \_\_\_\_\_

Cardiovascular:  \_\_\_\_\_

Pulmonary:  \_\_\_\_\_

Neurological:  \_\_\_\_\_

Mental Status:  \_\_\_\_\_

Medications and Allergies: Are listed on Cayuga Medical Center Medication Reconciliation Form dated the same date as this form. ML Initial as reviewed.

**Assessment:**

Patient is assessed to be medically appropriate for the above scheduled procedure.

**Anesthesia Plan:**

- Moderate Sedation
- Other anesthetic \_\_\_\_\_

**ASA Classification**

- Class I (Normal/Healthy)
- Class II (Mild Systemic Disease)
- Class III (Severe Systemic Disease)
- Class IV (Severe Systemic Disease/Constant threat to health)
- Class V (Not expected to survive with or without procedure)

Physician's Signature [Signature]

Date: 4/11/11 Time: 1:00