

BLAYK, BONZEANNE R
A00109611111 M000597460
05/01/1956 64 F
Lemberg, Brent D

Date: 12/22/20

Gastro Assoc. of Ithaca, P.C.

Name: Bonzeanne Blayk
Address: 1668 Trumansburg RD
Ithaca, NY 14850

Home: Work: Cell: 607-351-4879

DOB: 05/01/1956 Sex: F

This patient has been scheduled -

With: BRENT D. LEMBERG, MD Facility: Cayuga Endoscopy Center
Date: 01/28/21 at 11:00am

Height: 67 Weight: 185lb BMI: 29.0

Procedure: Colonoscopy

DX: Routine screening

Special Notes: ***NO SEDATION***

Molina Healthcare AN33246W

Completed By:
Brenda Van Eitzen

Brenda VanEiten

Electronically signed by Brenda Vanetten on 12/22/2020

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12/22*

Gastroenterology Associates of Ithaca, PC
Consultation Questionnaire for Screening Colonoscopy

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PCP: Alan Midura, MD

1. **Why is your Dr. referring you for colonoscopy? If family hx; what family member?**
- Routine screening (PATIENT IS TRANSGENDER)
2. **Have you had a Colonoscopy in the past? Why was it done? Where, When, any problems, results if known?**
YES 2011 DOESN'T REMEMBER DRS NAME
3. **Are you on any prescription medications?**
- Spironolactone
Estradiol
4. **Any allergies to medications?**
- Ampicillin, Hydrochlorothiazide, Latex
5. **Are you an insulin dependent diabetic?**
No
6. **Have you had any problems with IV placement?**
No
7. **Do you have liver disease? What type? (If coagulation issues bring in to office)**
-No
8. **Do you have kidney disease? (if yes do not prescribe Suprep)**
-No
9. **Have you had a heart attack or angina? Evaluated for heart rhythm problems? Bypass Surgery or Angioplasty?**
-No
 - a. **Do you have a pacemaker, defibrillator, or artificial heart valve or any other implanted medical devices?**
-No
 - b. **Are you on any blood thinners? (Apixaban (Eliquis), Dabigatran (Pradaxa), Edoxaban (Savaysa), Fondaparinux (Arixtra), Heparin (Fragmin, Innohep, and Lovenox). Rivaroxaban (Xarelto), Warfarin (Coumadin, Jantoven)?**
- NONE
10. **Do you have sleep apnea? Do you use a CPAP at night when you are sleeping?**
- No
11. **Do you have breathing problems or lung disease like COPD? (if yes schedule at CMC)**
-No
 - a. **How often do you need to use inhalers or medication (prednisone) for your breathing/lungs? (if routinely needs an OV, if sporadically ask Dr triage COPD)**
-When was the last time you used your inhaler/prednisone?
-Were you sick (cold/flu) at that time?
 - b. **Do you use at home O2?**
No
12. **Screening colonoscopy does not provide answers to symptoms. Are you experiencing any abdominal pain, diarr constipation, change in bowel habits, blood in stool, or rectal bleeding; that you want evaluated?**
- No
13. **How often do you have a bowel movement?**
- Daily
14. **Height: 67 Weight: 185lb BMI: 29.0 if BMI >50 schedule at CMC**

Patient's scheduling preference:

Questions/special concerns:

Appointment: , , at , at , with

Instructions given:

Completed By:
BRENDA VANETTEN

To be reviewed by Endoscopy Nurse and Physician prior to procedure.



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Continuity of Care Document

Patient	Bonzeanne Blayk		
Date of birth	May 1, 1956	Sex	Female
Race	Declined to Specify/Unknown	Ethnicity	
Language	English		
Contact info	Primary Home: 1668 Trumansburg RD Ithaca, NY 14850, US Tel (Mobile): +1(607)-351-4879 Mail (Mobile): bonzesaunders@gmail.com	Patient IDs	MRN.9705.d23715e0-213f-4752-9f9c-4494863d9c51
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Performer (care team member)	Alan T Midura, MD		
Performer (care team member)	BRENT D LEMBERG, MD of Gastroenterology Assoc. Of Ithaca, P.C.		
Performer (primary care physician)	Alan T Midura, MD		
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Document maintained by	Gastroenterology Assoc. Of Ithaca, P.C.		
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Medications

Active Medications	SIG	Qty	Indications	Ordering Provider	Date
Spirolonactone 100mg Tablets	2 tab daily			Unknown	00/00/0000
Estradiol 1mg Tablets	1 by mouth every day			Unknown	00/00/0000