

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

Endoscopy History & Physical Short Form

Indication for Procedure / Chief Complaint / Diagnosis:

- Screening/Surveillance Colonoscopy
 Rectal Bleeding
 Diarrhea
 Constipation
 Ulcerative Colitis
 Abdominal Pain
 Dysphagia
 Achalasia
 Anemia
 Unexplained Weight Loss
 Obesity
 Nausea
 Gerd
 Other: _____

screen

Planned Procedure: Colonoscopy
 EGD
 Flexible Sigmoidoscopy
 Other: _____

PMH: Personal History of Polyps
 Family/Personal History of Colon Cancer
 Reviewed and Negative Unless Marked

- | | | |
|--|--|---|
| <input type="checkbox"/> Emphysema/COPD | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Liver Disease/ETOH Abuse |
| <input type="checkbox"/> Sleep Apnea | <input type="checkbox"/> Pacemaker/AICD | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> Uses CPAP at Home | <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Cancer: _____ |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Diabetes | |

Past Surgical/Social History/Family History:

Nursing Assessment reviewed for past surgical and family history, tobacco, alcohol, caffeine, and illicit drug use.

PHYSICAL EXAMINATION: Nursing Assessment reviewed for vital signs, height, weight

Significant Physical Findings		
Cardiovascular	<input type="checkbox"/> Rate and rhythm regular, no heart murmur, no edema	
Pulmonary	<input type="checkbox"/> Clear to auscultation bilaterally	
ENMT	<input type="checkbox"/> Oropharynx appears normal	
GI/GU	<input type="checkbox"/> Abdomen soft, non-tender non-distended	
Musculoskeletal	<input type="checkbox"/> No CVA or weakness	
Neurologic Mental Status	<input type="checkbox"/> Alert and oriented x 3, appropriate, cooperative	
Other		

Medication Review: Medications and allergies are listed on the CMC Medication Reconciliation Form dated the same day as this form: *pac* Initial as reviewed.

The patient is assessed to be medically appropriate for the scheduled procedure.

Anesthesia Plan: Moderate Sedation
 General Anesthesia

Provider Signature: _____ Date/Time: _____

1-28-21 103/1102

