



120 W. Center Street
 W. Bridgewater, MA 02379
 508-586-8700

It is mandatory to have a responsible adult driving you home and present at the time of registration. A taxi/uber with a responsible adult is allowed (not the taxi/uber driver).

It is very important to bring this form to your appointment. If you do not bring it with you it may delay your appointment.

Take a Virtual Tour
 by going to our website:
www.comendoscopy.com

PRE-PROCEDURE ASSESSMENT

PATIENT NAME _____ / REASON FOR EXAM _____

PRIMARY CARE PHYSICIAN _____

PLEASE MARK THE FOLLOWING APPROPRIATELY: ALLERGIES: MEDICATION YES NO If yes, explain: _____
 LATEX YES NO _____

PERSONAL HISTORY (SELF)	YES	NO	EXPLANATION, IF YES
HEART DISEASE / MURMUR / HEART ATTACK	_____	_____	_____
ANGINA	_____	_____	_____
HIGH BLOOD PRESSURE	_____	_____	_____
BLEEDING/CLOTTING PROBLEMS	_____	_____	_____
BREATHING/LUNG PROBLEMS	_____	_____	_____
SEIZURES/STROKES/EPILEPSY	_____	_____	_____
ANEMIA	_____	_____	_____
LIVER/KIDNEY DISEASE	_____	_____	_____
HISTORY OF CANCER (SELF)	_____	_____	_____
DIABETES	_____	_____	_____
THYROID PROBLEMS	_____	_____	_____
ARTHRITIS/LIMITATIONS OF MOVEMENT	_____	_____	_____
IMPLANTED PACEMAKER / DEFIBRILLATOR	_____	_____	_____
PREGNANT	_____	_____	_____
DIARRHEA/CONSTIPATION	_____	_____	_____
TROUBLE SWALLOWING/FOOD STICKING	_____	_____	_____
SMOKE/DRINK ALCOHOL -- IF YES, AMOUNT	_____	_____	_____
RECREATIONAL DRUG USE	_____	_____	_____
PAST SURGICAL HISTORY _____	_____	_____	_____
_____	_____	_____	_____
OTHER _____	_____	_____	_____

Have you or any family member experienced problems with anesthesia or sedation? _____ NO _____ YES, EXPLAIN _____

- ** DO NOT STOP ASPIRIN**
- ** UNLESS OTHERWISE DIRECTED BY THE DOCTOR, TAKE ALL YOUR MEDICATIONS**
- ** PLEASE REVIEW THE INSTRUCTIONS YOU RECEIVED FROM YOUR DOCTOR'S OFFICE.**
- ** NO IBUPROFEN / ARTHRITIS PRODUCT OR PRODUCTS CONTAINING THESE FOR THREE DAYS PRIOR TO THE PROCEDURE WITHOUT PHYSICIAN APPROVAL.**
- ** YOU MUST HAVE A RIDE HOME WITH A RESPONSIBLE ADULT, A TAXI/UBER WITH A RESPONSIBLE ADULT (NOT THE TAXI/UBER DRIVER) IS ALLOWED.**
- ** IF YOU USE INHALERS, BRING THEM WITH YOU THE DAY OF YOUR PROCEDURE**
- * PLEASE FILL OUT MEDICATIONS ON BACK. TYPED LISTS ARE NOT ACCEPTABLE.**

Pre Op Nurse Sign: _____

Date: _____

