VAUGHAN ENDOSCOPY CLINIC

Vaughan Endoscopy Clinic Inc.
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PATIENT MEDICAL HISTORY

Referring Doctor's Name:		
Patient Name: (First) (Last)		
Home Phone: _____ **Cell Phone:** _____ **Email:** _____	**Address:** _____ _____ _____	
Date of Birth:	**Height:**	**Weight:**

SOCIAL HISTORY

# of alcoholic drinks per week:	None ❑ 1-7 drinks/week ❑ 8-20 drinks/week ❑ >21 drinks/week ❑
# of cigarettes smoked per day:	None ❑ 1-20 per day ❑ 21-25 (1 pack) per day ❑ >1 pack per day ❑
What type of work do you do?	Employed ❑ Homemaker ❑ Retired ❑ Specify ❑ _____
Marital Status	Single ❑ Married ❑ Divorced ❑ Widowed ❑

MEDICATIONS

Are you currently taking Aspirin? Yes ❑ No ❑	**Are you currently taking blood thinners?** Yes ❑ No ❑
Any adverse reaction to sedation? Yes ❑ No ❑	**Allergic reactions to any medications?** Yes ❑ No ❑ If yes, specify: _____
Currently taking any other medications? Yes ❑ No ❑ If yes, specify ALL MEDICATIONS below:	

MEDICAL / SURGICAL HISTORY:

Have you had a Stress Test, Holter, Echo (ultrasound of heart) or Angiogram? Yes ❑ No ❑ Year:
Do you have a personal or family history relating to colonic disease, including colonic polyps or cancer? Yes ❑ No ❑ If yes, specify: _____
Any other significant past Medical / Surgical history (must include all abdominal surgeries)? Yes ❑ No ❑ If yes, specify: _____

A missed appointment fee of $150 will be charged if sufficient cancellation notice is not given (72 hours prior to the procedure). Ensure that you read and carefully follow the Patient Instructions sheet starting 2 days before the test.

Patient Signature: _____ **Date:** _____