

Medical History and Medication List



Please fill this form out prior to your procedure and bring it with you on the day of your test.

The Gregory Endoscopy Centre • Brigham and Women's Faulkner Hospital • 1153 Centre Street • Boston, MA 02130
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Name: _____

Primary Language (if not English): _____ Needs interpreter? Yes No

Procedure: Endoscopy Colonoscopy Flex. Sigmoidoscopy Endoscopic Ultrasound ERCP

Reason for procedure: _____

Allergies (list): _____

Which prep (laxative) did you take? Miralax/Gatorade/Dulcolax Nulytely/Colyte/Generic Equivalent

Is your stool clear yellow? Yes No When did you last eat solid food? _____ Drink liquids? _____

Check with your Primary Care Physician if you use Coumadin, Lovenox, Plavix, Xarelto, Pradaxa or any other blood thinners, as these meds may need to be stopped for up to one week prior to your procedure.

Do you take blood thinners? Yes No When was your last dose? _____

Do you take insulin? Yes No When was your last dose? _____

If you have diabetes, please check your blood sugar in the morning and write the result here: _____

Medical Conditions (please check off all that apply and write any additional conditions below):

Defibrillator Pacemaker High Blood Pressure Heart Attack Atrial Fibrillation CPAP

Past Surgeries:

Current Medication List:

Medication Name: Dose: Last Time Taken:

Medication Name: Dose: Last Time Taken:

Name of Person Providing Ride Home: _____ Driver's Phone #: _____

(Pick up time is usually estimated for 3 hours after your assigned arrival time.)