



# Screening Centre for Outpatient Endoscopy

12-470 Chrysler Drive, Brampton, ON L6S 0C1 Tel: (905)790-9030 Fax: (905)790-7487

## Patient Questionnaire – please complete and bring with you

Name:	DOB:	Age:	Gender: M F
Address:			
Healthcard #:		Preferred Phone #:	
Marital Status: Married Single Common-law Widowed Divorced		Occupation:	
Alcohol:	Y N	If yes, average daily amount:	
Tobacco:	Y N	If yes, average daily amount:	
Marijuana/THC:	Y N	If yes, average daily amount:	

Please tell us about your health:

	Y	N	Please Specify:
Do you have FREQUENT bowel problems?			
Has your bowel function changed?			
Have you ever passed blood?			
Do you have serious abdominal pain?			
Recent weight loss?			If YES, then was the weight loss voluntary? YES NO
Females: Any chance of pregnancy?			

Family History of Colorectal Cancer and/or Polyyps (Circle answer): YES NO

	If yes, who in your family? (list family members below, e.g. mother, uncle, etc.)
Colon/Bowel Cancer	
Colonic Polyyps	

Please list your MEDICAL CONDITIONS and past SURGERIES:


Please list your MEDICATIONS (Name, Dosage, Frequency):


Drug Allergies? \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

Who is driving you home today?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Which laxative did you take?

BiPeglyte (2 litres)

Peglyte (4 litres)

Other: \_\_\_\_\_