

# Colonoscopy Questionnaire

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Insurance Authorization Phone Number: \_\_\_\_\_

Who is your primary care provider? \_\_\_\_\_

Please list your **medical conditions**/medical problems:

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Please list any **surgeries** that you have had, and approximate dates of the procedures:

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Please list the ***medications*** that you currently take and their doses:

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Please list any medication ***allergies*** or intolerances:

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You are planning to have a screening/surveillance colonoscopy.

Reason(s) for the colonoscopy: (Please circle the correct answer -- Yes or No)

Screening for colorectal cancer?	Yes	No	
Personal history of colon polyps?	Yes	No	
Personal history of colon cancer?	Yes	No	
Visible blood in your stool?	Yes	No	
Hidden or microscopic blood found in stool screening? (Stool guaiac, Hemoccult, or FIT testing)	Yes	No	
Stool DNA test (such as Cologuard) was positive?	Yes	No	
Change in bowel habits? Diarrhea? Constipation?	Yes	No	
Family history of colon or rectal cancer?	Yes	No	
If yes, <b>what relative</b> had colon cancer?	Parent?	Sibling?	Child?

Other relative(s)? \_\_\_\_\_

How old was the relative(s) when they were diagnosed with colon cancer? \_\_\_\_\_

Do you have a recent onset (or significant worsening) of diarrhea? Yes No

Do you have a recent onset (or significant worsening) of constipation? Yes No

Do you have any other concerns or thoughts regarding your bowel habits or colon?

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Are you on a blood thinner (anticoagulant)?

Please circle the blood thinners that you take.

Aspirin (ASA)	Pradaxa (Dabigatran)
Coumadin (Warfarin)	Xarelto (Rivaroxaban)
Plavix (Clopidogrel)	Brilinta (Ticagrelor)
Effient (Prasugrel)	Lovenox
Eliquis (Apixaban)	Other: _____

Who is the medical provider that is managing your blood thinner? \_\_\_\_\_

If you take a blood thinner, why do you take a blood thinner?

(Please circle the correct answer -- Yes or No)

Stroke/CVA	Yes	No
Atrial Fibrillation (A-Fib)	Yes	No
Artificial heart valve	Yes	No
Blood clots (DVT)	Yes	No
Pulmonary embolism (PE)	Yes	No
Heart attack (MI)	Yes	No
Heart failure (CHF)	Yes	No
Carotid artery disease	Yes	No
Peripheral vascular disease	Yes	No

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

Are you 76 years of age or greater? Yes No

Have you had a prior colonoscopy? Yes No

If so, do you remember **when** you had your **most recent** colonoscopy? \_\_\_\_\_

If so, do you remember **where** you had your **most recent** colonoscopy? \_\_\_\_\_

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Do you remember if polyps have been removed on any prior colonoscopy?

I have not had  
a prior colonoscopy

Yes, polyps have been  
removed in the past

No, polyps have  
never been found

Do you have any of the following conditions?

Please mark all that apply.

- Fatigue or weakness
- Fevers or chills
- Unexplained or unintentional weight loss
- Night sweats
- Seizure or epilepsy
- Stroke
- Paralysis or weakness
- Heart attack, heart failure
- Irregular heart rhythm
- Heart valve disease
- Prior heart surgery or heart catheterization
- Pacemaker
- Chest pain
- High blood pressure, hypertension
- Breathing problems, asthma
- COPD, emphysema
- Obstructive sleep apnea

- Hepatitis
- Nausea or vomiting
- Ulcer disease
- Diarrhea
- Constipation
- Change in the shape of the stool
- Narrow stools
- Blood in stools
- Bleeding from rectum
- Abdominal cramps
- Pain in abdomen
- Anemia (low blood count)
- A recent stool test that was abnormal (such as Colo-Guard)
- Kidney disease
- (Men) Prostate disease, BPH
- Diabetes
- Thyroid disease
- (Females) Altered menses/ abnormal period
- (Females) Are you pregnant?
- Swollen or painful lymph nodes or nodules
- History of blood clots, DVT or pulmonary embolism
- Autoimmune disorder, such as Lupus

\_\_\_ Bleeding disorder

\_\_\_ Recent onset of joint pain

\_\_\_ Recent onset of anxiety or depression

Is there anything else you would like your medical providers to know?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated 5/21/19