

TEANECK GASTROENTEROLOGY ASSOCIATES, PA.

1086 Teaneck Rd, Suite 4C

Teaneck, NJ 07666

Phone: 201-837-9449

Fax: 201-578-1699

RECALL PATIENT QUESTIONNAIRE

AGE _____ WEIGHT _____ HEIGHT _____ BMI: _____

YES NO Are you on any anticoagulants, or blood thinners like, Coumadin (Warfarin), Plavix, Lovenox, Ticlid, Aggrenox, Trental, Brilante, Pradaxa, Xarelto or Effient ?
Who prescribed it (name and telephone#) _____ and why?

YES NO Do you take aspirin on a daily basis?
If yes _____ 81mg _____ 325mg
Who prescribed the aspirin for you and why? _____

YES NO Are you diabetic?
If yes:
What oral Medications are you on, what strength and how often do you take them?

_____, _____ mg _____ x a day
_____, _____ mg _____ x a day
_____, _____ mg _____ x a day
_____, _____ mg _____ x a day
Insulin
_____, _____ x a day@ what time _____
_____, _____ x a day@ what time _____

YES NO Do you take a diuretic (waterpill)?
_____, _____ x a day@ what time _____
_____, _____ x a day@ what time _____

YES NO Do you take Blood Pressure or Cardiac Medication?
_____, _____ x a day@ what time _____
_____, _____ x a day@ what time _____

Who prescribed it? (name and number) _____

YES NO Do you take Iron pills or Vitamins with Iron?

YES NO Do you take antibiotics before going to the dentist?
Are you allergic to any antibiotics? YES NO
If yes which ones _____

YES NO Have you been on antibiotics in the last month? if yes for what

What antibiotic where you on? _____

TEANECK GASTROENTEROLOGY ASSOCIATES, PA.

1086 Teaneck Rd, Suite 4C

Teaneck, NJ 07666

Phone: 201-837-9449

Fax: 201-578-1699

Patient Name: _____

YES NO Do you have any stents?

YES NO Have you had rheumatic heart fever or heart valve replacement?

YES NO Do you have congestive heart failure?

YES NO Do you have an implantable defibrillator?

YES NO Do you have a pacemaker?

YES NO Have you had an Echocardiogram, Stress Test, Nuclear Stress Test, Cardiac Catheterization, or Holter Monitor within 5 to 10 years?

YES NO Do you see a cardiologist? If so, Why:

YES NO **DO YOU CURRENTLY HAVE A LAP BAND IN PLACE? If so, please arrange to have it deflated prior to your procedure.**

YES NO **DO YOU HAVE A PICC LINE OR PORTA CATH IN PLACE FOR VENOUS ACCESS? Nurse Manager MUST be notified in advance of the case.**

IF YOUR PROCEDURE IS BEING DONE AT TEANECK GASTROENTEROLOGY AND ENDOSCOPY CENTER, YOU MUST BRING A COPY OF THE REPORT WITH YOU TO YOUR PROCEDURE. YOU MAY ALSO HAVE YOUR PHYSICIAN FAX A COPY TO OUR CENTER @ 201-837-9544.

YES NO Have you had a hip, knee, or joint replacement in the last 6 months?

YES NO Are you a renal or dialysis patient?

YES NO Do you have any history of Hepatitis or cirrhosis?

YES NO Do you have lung disease, asthma, Chronic Obstrutive Pulmonary Disease (COPD) or Sleep Apnea?

YES NO Do you use Supplemental Oxygen?

YES NO Are you over age 75?

YES NO Since your last test have you a heart attack or stroke?

YES NO Have you ever had a hard time cleaning out for your Colonoscopy?