



Digestive Health
Center of Reno

5250 Kietzke Lane, Reno, Nevada 89511
Phone (775) 829-8855 Fax (775) 829-3752



Digestive Health
Associates of Reno

655 Sierra Rose Drive, Reno, Nevada 89511
Phone (775) 829-7600 Fax (775) 829-3757

MEDICATION LIST

Name:		Date of Birth:	Age:
Primary Care and/or Referring Physician		Height:	Weight:
Allergies: <input type="checkbox"/> Yes* <input type="checkbox"/> No known allergies *Including Seasonal/Environmental		Latex Allergy <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Testing performed for Latex allergy	
Allergy (Drug)	Reaction	Allergy (Drug)	Reaction

Do you take aspirin or anti-inflammatory medications No Yes - if yes, please list below

Current prescriptive Medications.

Name of Medication (please print)	Dose	How Often	Last Taken

Herbals, Vitamins, Supplements, Non-Prescriptive Drugs.

Name of Medication (please print)	Dose	How Often	Last Taken



PATIENT HISTORY
Please Complete Before Procedure

Patient Medical History							
DISEASE/SYMPTOMS	Yes	No	Comments	DISEASE/SYMPTOMS	Yes	No	Comments
Cardiovascular/Heart History				GU//Renal/Endocrine/Other			
Abnormal Rhythm				Anemia			
AICD (Defibrillator)				Auto immune disorders			
Heart Attack (MI)				BPH/enlarged prostate			
High Blood Pressure				Depression/Anxiety			
High Cholesterol				Diabetic			
History of Deep Vein Thrombosis (DVT)				Kidney Disease/Dialysis			
Pacemaker/Stents				Other Cancers - personal			
Pulmonary/Lung History				Thyroid Disease			
Asthma (Inhaler Use)				Other Diseases not noted above			
COPD							
History of Pulmonary Embolism (PE)							
Sleep Apnea				Personal History			
Supplemental Oxygen Use					Yes	No	Comments
Tuberculosis				Patient History or Family History of Problems with Anesthesia?			
GI/Stomach/Intestinal				Tobacco, how much/how often?			
Abdominal Pain				Alcohol, how much/how often?			
Barrett's Esophagus				Current Drug Use?			
Change in Bowel Habits				Ever Had A Drug Problem?			
Colon Cancer - family history				Blood Transfusion?			
Colon Cancer - personal				Reason for Procedure?			
Crohn's Disease				Have you had a colonoscopy in the past?			
Esophageal or Gastric Cancer - personal				When?			
Gallbladder Disease				Polyps removed?			
Gastric Ulcers				Female History			
Liver Disease/Hepatitis				Hysterectomy / Tubal Ligation?			
Pancreatitis				Last Menstrual Period?			
Reflux or Heartburn				Past Hospitalization/Surgeries			
Trouble Swallowing							
Ulcerative Colitis							
Neuro/Musculoskeletal							
Arthritis/Chronic Pain							
MS/Parkinson's Disease							
Stroke/TIA/Seizures							