Prepare For My Procedure

General

If you have a language barrier or communication issue, call (985) 898-4042.

If you have an internal defibrillator device (AICD), bring your card for the nurse to copy.

Please complete the Patient Questionnaire and bring with you the day of your procedure.

Do not eat or drink anything after midnight. If your procedure is scheduled for the afternoon, call your physician for specific instructions.

For your comfort, IV (Intravenous) sedation is given to you for most of these exams. You must have a responsible member of your family or friend escort you to the facility and be present at time of discharge. If you come without an escort to the unit, the nurse will need the name and phone number of your escort to verify that they will meet you in the endoscopy unit when it is time for you to be discharged. You cannot leave the endoscopy unit alone. You may not go home alone in a taxi, shuttle van, or bus as these drivers will not be responsible for you. You cannot drive for 24 hours if you receive sedation.

Special Medication Instructions

✓ Blood thinning medications (such as Aspirin, Coumadin, Ticlid, Plavix, Persantine, Aggrenox and Lovenox) need to be discontinued prior to your procedure. Avoid drugs like Ibuprofen, Nuprin, Advil, Aleve, Motrin, or Naprosyn. Contact your physician for specific instructions.

✓ Continue taking your other prescribed medications for blood pressure and heart as usual. Contact your physician for specific instructions.

✓ Diabetic patients: If you take an oral hypoglycemic (sugar pill), do not take it the day of your procedure. If you take insulin, contact your physician for specific instructions.
Patient’s Name: __________________________ Date of Birth: __________________
Physician: __________________________ Procedure: __________________________ Procedure Date: ________________

Type of Prep (If applicable): ______________ Results of Bowel Prep ______________
What problems are you having? __________________________________________

Is this for Screening? ______________

**List of Current Medications** (Including Prescription Medications, Non-prescription medications, herbals and vitamins).

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>How often is medication taken?</th>
<th>Time and Date of Last Dose</th>
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Medication allergies: ______________

Type of Reaction(s) to Medication allergies: ______________

Food allergies: ______________

Latex Sensitivity? □ Yes □ No

Do you use alcohol? □ Yes □ No

Amount __________________________

Do you use any tobacco products? □ Yes □ No Type ______________________________

Religious Affiliation? ______________

**Past Medical History**

2. Blood Disorders □ Patient □ Family 15. Liver Disease □ Patient □ Family
3. Cancer □ Patient □ Family 16. Lung Disease □ Patient □ Family
11. Urinary / Bladder / Prostate Problems □ Patient □ Family 24. Tuberculosis □ Patient □ Family
12. Heart Disease □ Patient □ Family 25. Thyroid Problems □ Patient □ Family

**Past Surgical History**

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<tr>
<th>Surgery</th>
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Do you have any implanted devices? □ Yes □ No Please list: ______________________________
Have you had any problems with anesthesia or sedation? □ Yes □ No Please list: ______________
Is there anything else your doctor should know? ______________________________

Name of person driving you home: __________________________ Phone Number: _____________